The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549 **FORM D** 

# OMB APPROVAL

OMB Number: 3235-0076
Estimated average burden
hours per response: 4.00

## **Notice of Exempt Offering of Securities**

1. Issuer's Identity			
CIK (Filer ID Number)	Previous	None	Entity Type
	Names		
0001205922	VACCINEX	INC	X Corporation
Name of Issuer			Limited Partnership
VACCINEX, INC.			Limited Liability Company
Jurisdiction of Incorporation/O	rganization		General Partnership
DELAWARE			Business Trust
Year of Incorporation/Organiza	ation		Other (Specify)
X Over Five Years Ago			
Within Last Five Years (Sp	pecify Year)		
Yet to Be Formed			
2. Principal Place of Busines	ss and Contact Information		
Name of Issuer			
VACCINEX, INC.			
Street Address 1		Street Address 2	
1895 Mount Hope Avenue			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
Rochester	NEW YORK	14620	585-271-2700
3. Related Persons			
Last Name	First Name		Middle Name
Bedrij Stecyk	Chrystyna		
Street Address 1	Street Address 2		
1895 Mount Hope Avenue			
City	State/Province/Company	ountry	ZIP/PostalCode
Rochester	NEW YORK		14620
Relationship: Executive Of	ficer X Director Promoter		
Clarification of Response (if No	ecessary):		
Last Name	First Name		Middle Name
Evans	Elizabeth		
Street Address 1	Street Address 2		
1895 Mount Hope Avenue			
City	State/Province/C	ountry	ZIP/PostalCode
Rochester	NEW YORK	•	14620
Relationship: X Executive O	fficer Director Promoter		
Clarification of Response (if Ne	ecessary):		
Last Name	First Name		Middle Name
Sanchez	Jill		
Street Address 1	Street Address 2		
1895 Mount Hope Avenue			
City	State/Province/C	ountry	ZIP/PostalCode
Rochester	NEW YORK	-	14620
Relationship: X Executive O			
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Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Zauderer, Ph.D.	Maurice	
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
		14020
Relationship: X Executive Officer X Di	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Yanni	Barbara	
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer X Dir	rector Promoter	
Clarification of Response (if Necessary):	_	
,		
Last Name	First Name	Middle Name
Van Strydonck	Gerald	E.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer X Dir	rector Promoter	
Clarification of Response (if Necessary):	_	
Last Name	First Name	Middle Name
Manian, Ph.D.	Bala	S.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer X Dir	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Frieberg	Jacob	B.
Street Address 1	Street Address 2	
1865 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer X Dir	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Friedberg	Albert	D.
Street Address 1	Street Address 2	<del></del>
1865 Mount Hope Avenue	5 001 / (ddi 000 £	
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
		17020
Relationship: Executive Officer X Dir	rector Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name

Smith, Ph.D.	Ernest	S.	
Street Address 1	Street Address 2		
1865 Mount Hope Avenue			
City	State/Province/Country	ZIP/PostalCode	
Rochester	NEW YORK	14620	
	ector Promoter	1.020	
Relationship. A Executive Officer Dire	Fromoter		
Clarification of Response (if Necessary):			
4. Industry Group			
Agriculture	Health Care	Retailing	
Banking & Financial Services	Biotechnology	Restaurants	
Commercial Banking	Health Insurance	Technology	
Insurance	Hospitals & Physicians	Computers	
Investing			
Investment Banking	X Pharmaceuticals	Telecommunications	
Pooled Investment Fund	Other Health Care	Other Technology	
Is the issuer registered as	Manufacturing	Travel	
an investment company under the Investment Company	Real Estate	Airlines & Airports	
Act of 1940?	Commercial		
Yes No	Construction	Lodging & Conventions	
Other Banking & Financial Services		Tourism & Travel Services	
Business Services	REITS & Finance	Other Travel	
Energy	Residential	Other	
Coal Mining	Other Real Estate		
Electric Utilities			
Energy Conservation			
Environmental Services			
☐ Oil & Gas			
Other Energy			
5. Issuer Size			
Revenue Range OR	Aggregate Net Asset V	alue Range	
No Revenues	No Aggregate Net A	sset Value	
X \$1 - \$1,000,000	\$1 - \$5,000,000		
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,00	0,000	
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,0	00,000	
\$25,000,001 -	\$50,000,001 - \$100,	.000.000	
\$100,000,000			
Over \$100,000,000	Over \$100,000,000		
Decline to Disclose	Decline to Disclose		
Not Applicable	Not Applicable		
6. Federal Exemption(s) and Exclusion(s	s) Claimed (select all that apply	)	
	Investment Comp	pany Act Section 3(c)	
	Section 3(c)(1)	Section 3(c)(9)	
Rule 504(b)(1) (not (i), (ii) or (iii))			
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)	
X Rule 506(b)			
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)	
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7)		
	<b>—</b>		

7. Type of Filing		
X New Notice Date of First Sale 2024-03-29 First Sale Yet Amendment	to Occur	
8. Duration of Offering		
Does the Issuer intend this offering to last more than one year?	Yes X No	
9. Type(s) of Securities Offered (select all that apply)		
<ul> <li>X Equity</li> <li>Debt</li> <li>X Option, Warrant or Other Right to Acquire Another Security</li> <li>X Security to be Acquired Upon Exercise of Option, Warrant or Right to Acquire Security</li> </ul>	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other Other	
10. Business Combination Transaction		
Is this offering being made in connection with a business combin merger, acquisition or exchange offer?	nation transaction, such as a Yes X No	
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 USI	)	
12. Sales Compensation		
Recipient	Recipient CRD Number X None	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
Street Address 1 City	Street Address 2 State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$3,499,995 USD or Indefinite		
Total Amount Sold \$1,750,000 USD		
Total Remaining to be Sold \$1,749,995 USD or Indefinite		
Clarification of Response (if Necessary):		
Total remaining to be sold represents the aggregate exercise price of wa	arrants to purchase shares of the Company's common stock.	
14. Investors		
Select if securities in the offering have been or may be sold enter the number of such non-accredited investors who already		
Regardless of whether securities in the offering have been of investors, enter the total number of investors who already has		1
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finder an estimate and check the box next to the amount.	s fees expenses, if any. If the amount of an expenditure is no	ot known, provide
Sales Commissions \$0 USD Estimate		
Finders' Fees \$0 USD Estimate		
Clarification of Response (if Necessary):		
16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has be named as executive officers, directors or promoters in responsible box next to the amount.		

\$0 USD ☐

Estimate	
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Clarification of Response (if Necessary):

#### Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

### **Terms of Submission**

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Vaccinex, Inc.	/s/ Maurice Zauderer	Maurice Zauderer, Ph.D.	President, CEO	2024-04-12

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.