UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): March 18, 2019

Vaccinex, Inc.
(Exact name of Registrant as specified in its charter)

Delaware	**001-38624**	**16-1603202**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

1895 Mount Hope Avenue, Rochester, New York	**14620**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (585) 271-2700

N/A
(Former name or former address, if changed since last report

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the Registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On March 18, 2019, Vaccinex, Inc. (the "Company") updated the corporate presentation available on its website located at www.vaccinex.com under the heading "Investors" and subheading "Events & Presentations." A copy of the Company's updated corporate presentation is attached to this Current Report on Form 8-K (the "Report") as Exhibit 99.1.

The information furnished pursuant to this Item 7.01, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") or otherwise subject to the liabilities under such section and shall not be deemed to be incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	March 18, 2019 corporate presentation of Vaccinex, Inc.

Neither the filing of any exhibit to this Report nor the inclusion in such exhibit or this Report of a reference to the Company's Internet address shall, under any circumstances, be deemed to incorporate the information available at such address into this Report. The information available at the Company's Internet address is not part of this Report.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this Report to be signed on its behalf by the undersigned hereunto duly authorized.

Vaccinex, Inc.

Date: March 18, 2019

By: /s/ Scott E. Royer
Scott E. Royer
Chief Financial Officer

Exhibit 99.1

Science in the Service of Medicine

Unique Targets.
Novel Mechanisms.
New Medicines.

VX15 (pepinemab) Antibody Treatment for Cancer and Huntington's Disease

Forward Looking Statements

To the extent that statements contained in this presentation are not descriptions of historical facts regarding Vaccinex, Inc. ("Vaccinex," "we," "us," or "our"), they are forward-looking statements reflecting management's current beliefs and expectations. Words such as "may," "will," "expect," "anticipate," "estimate," "intend" and similar expressions or their negatives (as well as other words and expressions referencing future events, conditions, or circumstances) are intended to identify forward-looking statements. Examples of forward-looking statements in this presentation include, among others, statements regarding: (i) the timing and success of the commencement, progress and receipt of data from preclinical and clinical trials; (ii) our expectations regarding the potential safety, efficacy or clinical utility of our product candidates; (iii) the expected results of any clinical trial and the impact on the likelihood or timing of any regulatory approval; (iv) financial and financing expectations and opportunities and (v) the performance of third parties.

Forward-looking statements in this presentation involve substantial risks and uncertainties that could cause our research and pre-clinical development programs, clinical development programs, future results, performance, or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, uncertainties inherent in the execution, cost and completion of preclinical and clinical trials, risks related to our dependence on third parties, uncertainties related to regulatory approval, risks related to our dependence on our lead product candidate VX15 (pepinemab), risks related to competition, other matters that could affect our development plans or the commercial potential of our product candidates, expectations regarding the use of proceeds from our initial public offering, changes in costs and operations, and other risks regarding our capital requirements and results of operations. Except as required by law, we assume no obligation to update these forward-looking statements, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future. For a further discussion of these and other factors that could cause future results to differ materially from any forward-looking statement, see the section titled "Risk Factors" in our quarterly report on Form 10-Q filed with the Securities and Exchange Commission ("SEC") and the other risks and uncertainties described in our prospectus for our initial public offering dated August 9, 2018, filed with the SEC pursuant to Rule 424(b) under the Securities Act of 1933, as amended,.

No representations or warranties are offered in connection with the data or information provided herein. This presentation is intended for informational purposes only and may not be relied on in connection with the purchase or sale of any security. Any offering of our securities will be made, if at all, only upon the registration of such securities under applicable securities laws or pursuant to an exemption from such requirements.

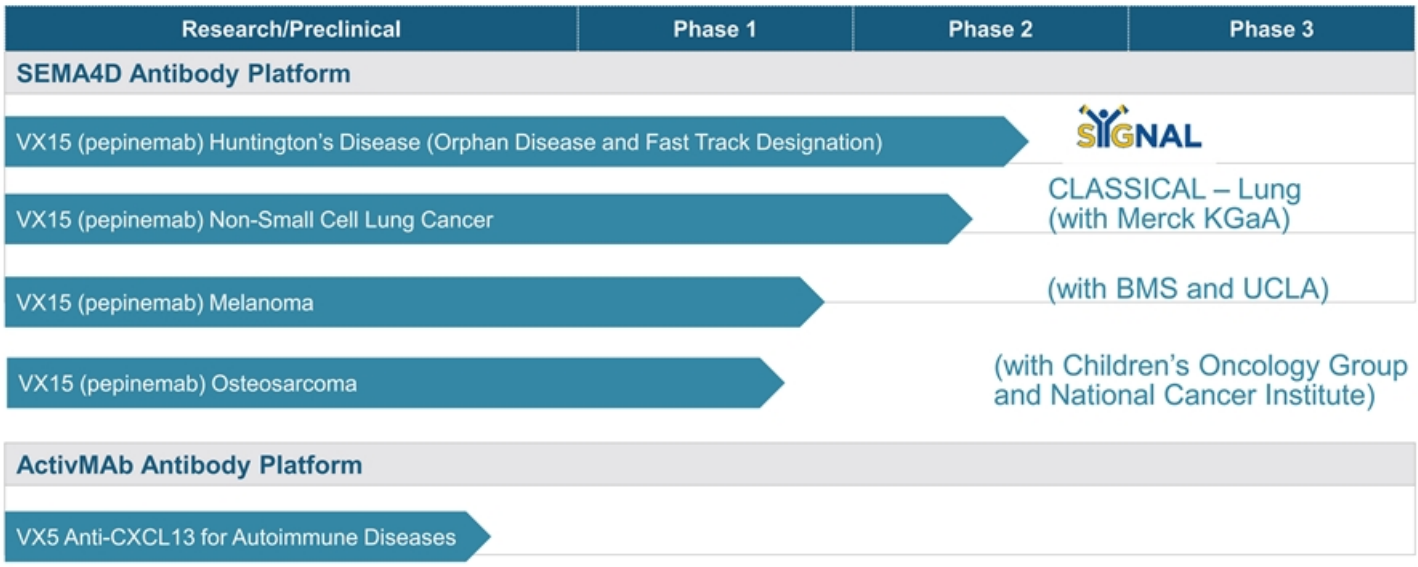
Investment Summary

Novel mechanistic approach	**Lead program, VX15 (pepinemab), is a humanized monoclonal antibody that binds to and blocks a unique target, Semaphorin 4D (SEMA4D)**

Multiple clinical programs in Huntington's Disease and Oncology	• **Huntington's Disease** – fully enrolled ongoing randomized, placebo-controlled, potentially pivotal trial
	  • *Encouraging early signs of efficacy from Cohort A*
	  • *Granted Orphan Drug and Fast Track designations*
	• **NSCLC** – ongoing open-label Phase 1/2 in combination with avelumab (with Merck KGaA) anticipate completing enrollment in May 2019
	• **Melanoma** – ongoing open-label Phase 1/2 in combination with nivolumab and with ipilimumab (with Ribas Group at UCLA and with BMS)

Proprietary mAb selection platform	• Sustainable engine for value creation • Collaboration opportunities (Surface Oncology and others)

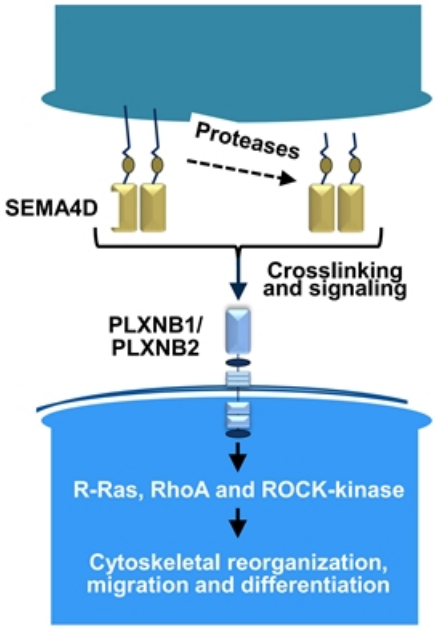
Vaccinex Product Pipeline

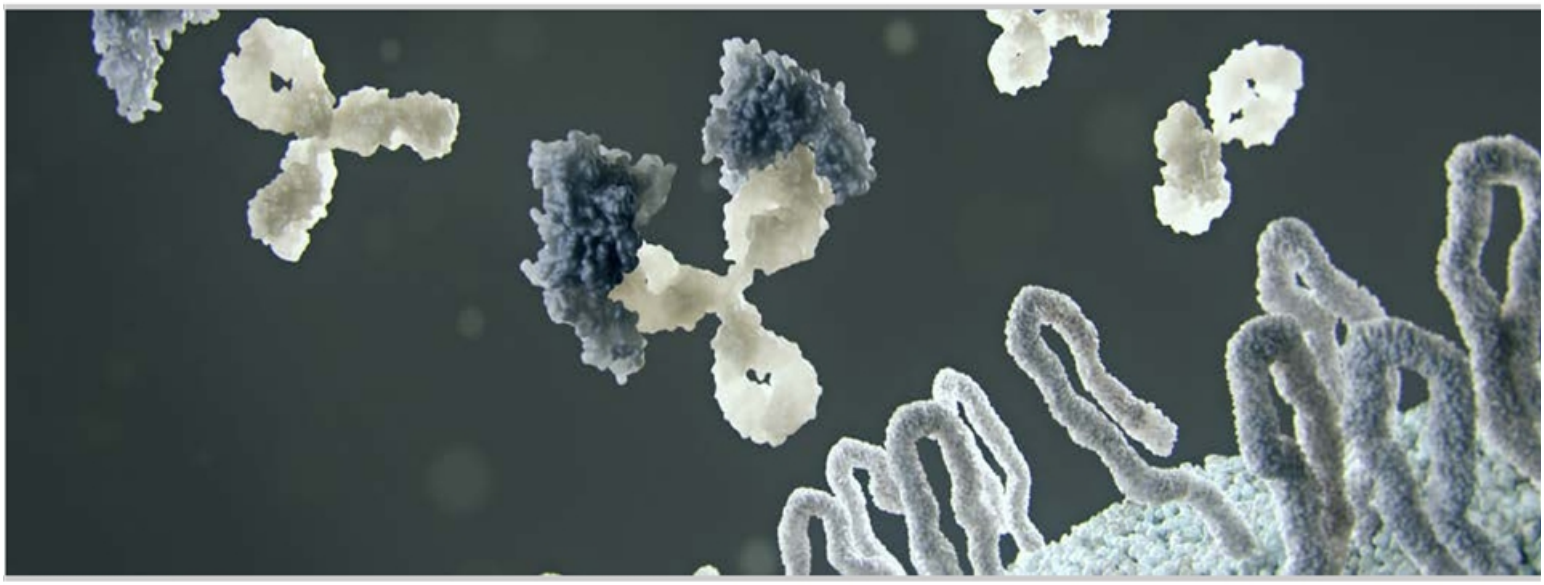


Introduction to Semaphorin 4D (SEMA4D)

SEMA4D signals through PLXNB1 and PLXNB2 receptors to regulate the cell cytoskeleton

VX15 (pepinemab) antibody binds to SEMA4D and blocks its signaling activity

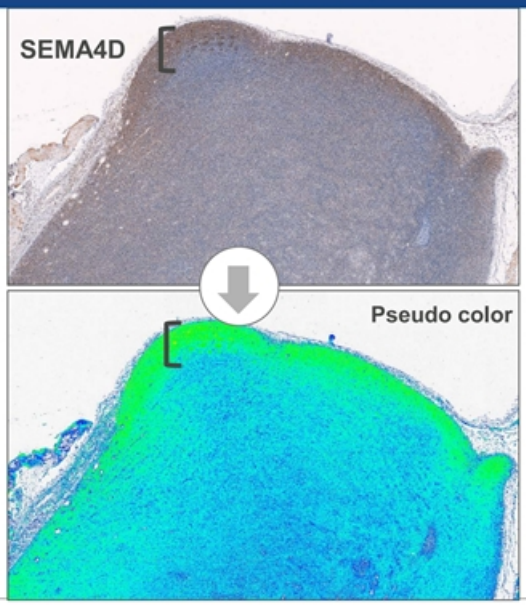




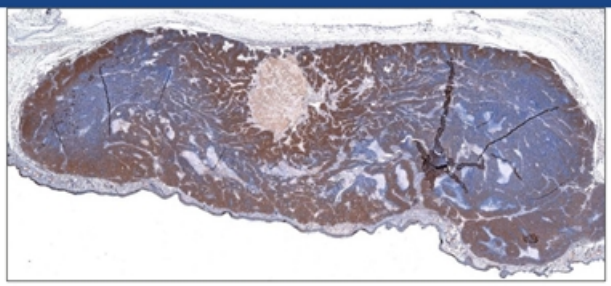
VX15 (pepinemab)
Anti-SEMA4D Antibody for Cancer

SEMA4D Expression is Concentrated at Invasive Margin of Tumor

Colorectal (Colon26)



Mammary carcinoma (Tubo.A5)

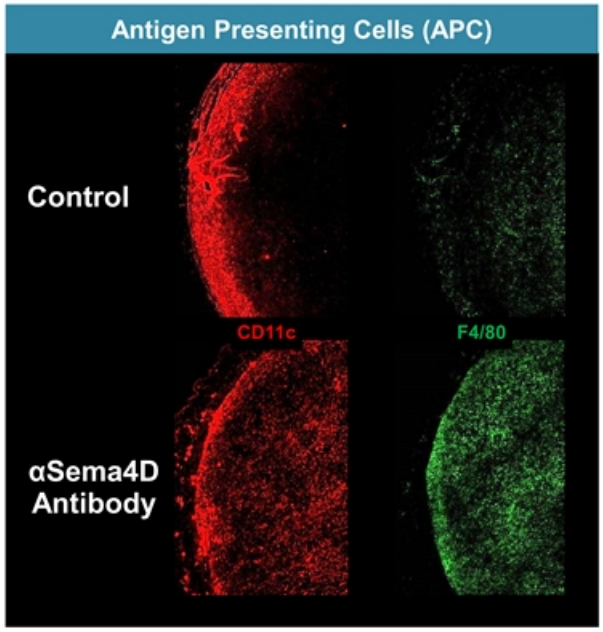


SEMA4D at the invasive margin of the tumor forms a barrier that restricts the infiltration of anti-tumor immune cells

Antibodies against SEMA4D neutralize this barrier and “open the gates” of the tumor to the immune system

SEMA4D Controls Infiltration of Antigen Presenting Dendritic Cells into Tumor

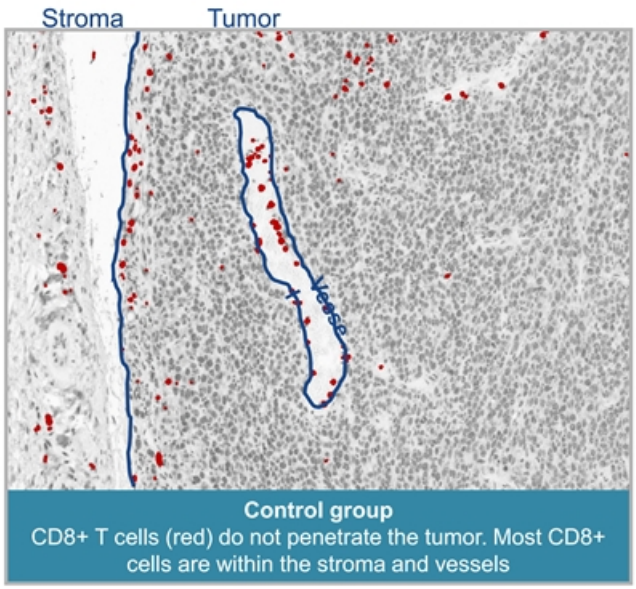
- **Dendritic cells (DC) express PLXNB1 receptor for SEMA4D.**
- **Binding of SEMA4D immobilizes DC and restricts penetration into tumor.**
- **Antibody blockade of SEMA4D enhances migration and differentiation of DC within tumor**
- Colon26 tumor bearing mice were treated with control antibody or with anti-SEMA4D
- Tumors were harvested 27 days post inoculation and stained for **CD11c** marker of DC lineage or **F4/80** marker of macrophage lineage



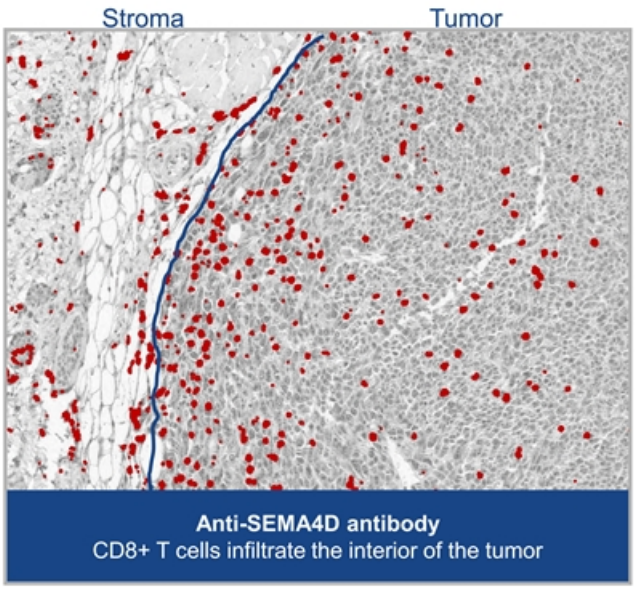
Evans EE et al. Cancer Immunol Research 2015;3(6): 689-701

Anti-SEMA4D Antibody Increases Cytotoxic T Cells in Tumor

T cell exclusion in Colon26 tumor

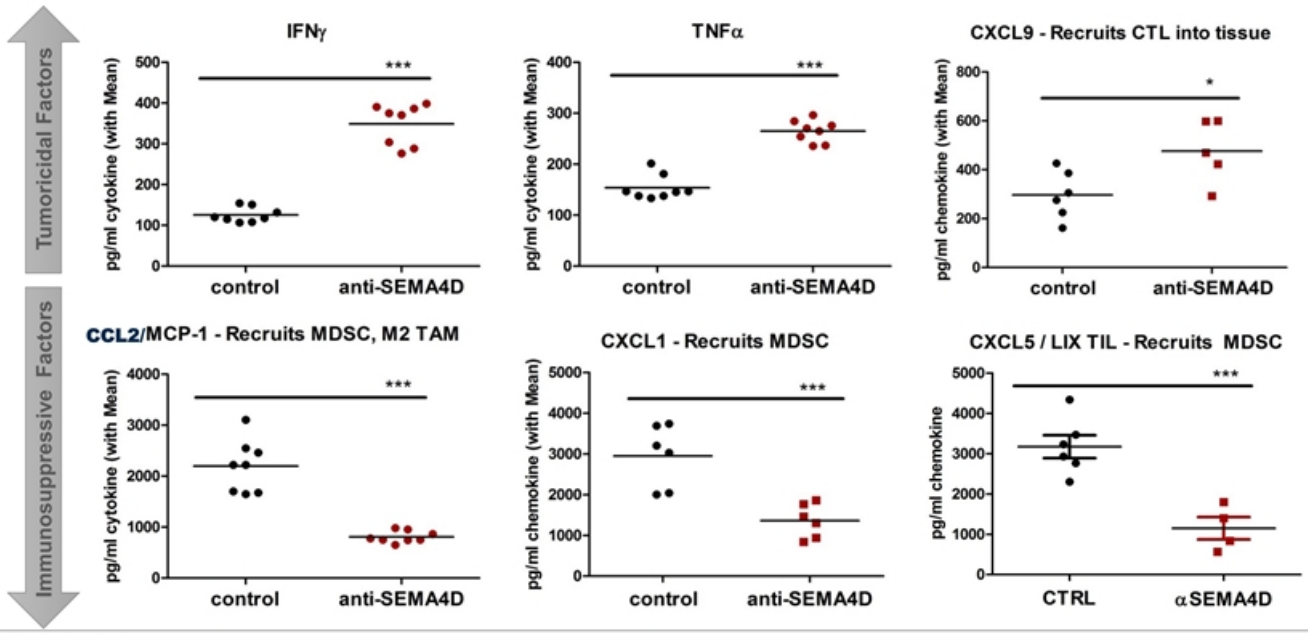


Control group
CD8+ T cells (red) do not penetrate the tumor. Most CD8+ cells are within the stroma and vessels



Anti-SEMA4D antibody
CD8+ T cells infiltrate the interior of the tumor

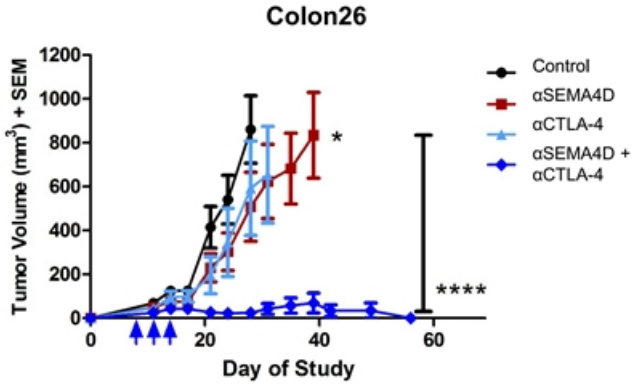
Anti-SEMA4D treatment shifts the balance of cytokines and chemokines in the tumor microenvironment



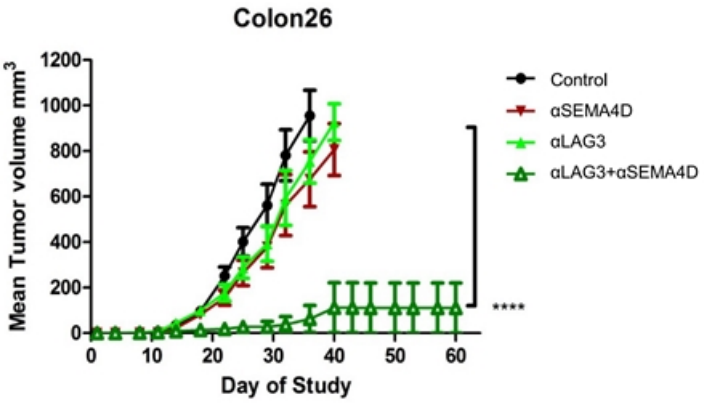
Anti-SEMA4D Antibody Enhances Activity of Immune Checkpoint Inhibitors

Anti-CTLA-4 Anti-LAG3
Combination with anti-SEMA4D

Colorectal Cancer



Colorectal Cancer



T cell infiltration into tumor bed

Neoadjuvant therapy: Colorectal cancer metastasis to liver

No treatment

T cells are trapped at margin and are largely excluded from tumor bed

Pepinemab

T cells penetrate into the tumor bed and. Tumor content is reduced and appears to be replaced by stroma.

Pepinemab + Ipilimumab

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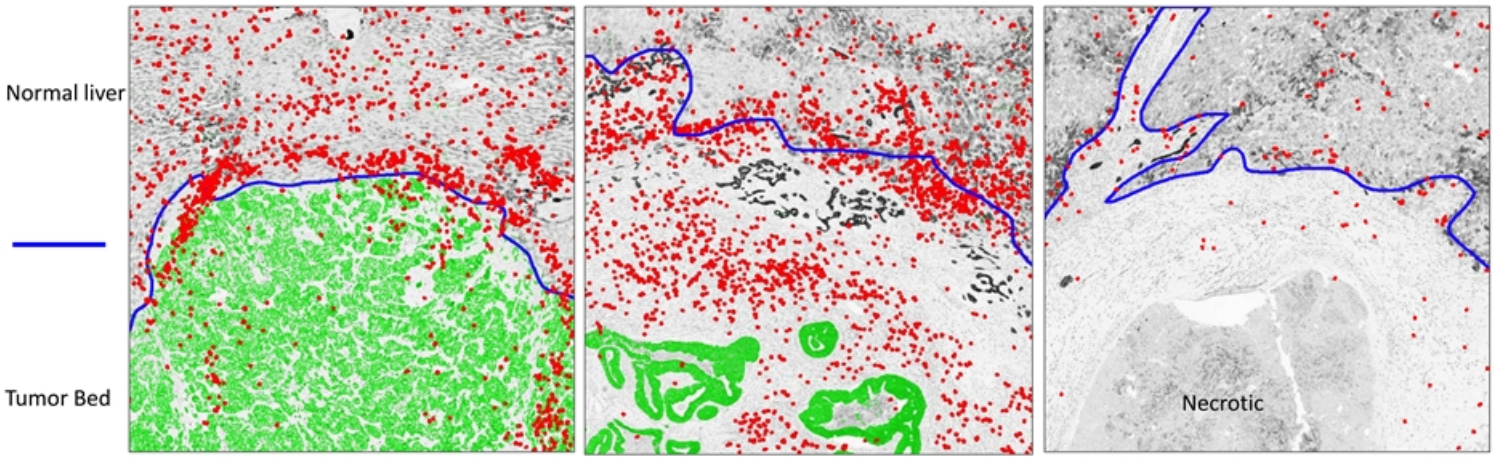
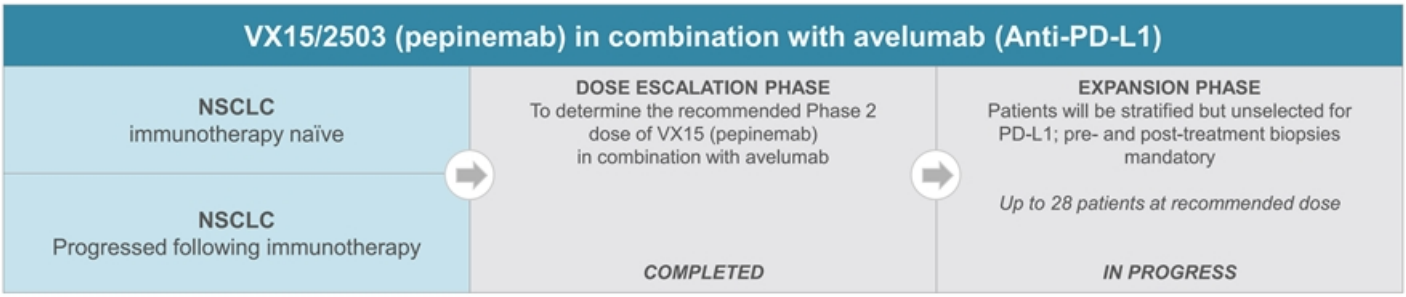
The tumor bed consists mainly of stroma and necrotic areas.



CD8+ T cells

Margin of tumor bed Tumor nodules

Phase 1b/2 Combination Trial with Avelumab in NSCLC



Co-funded by:

MERCK

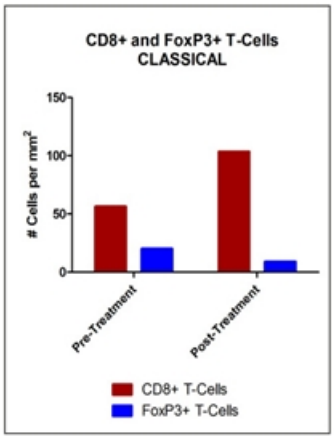
- Study to enroll up to ~62 subjects with advanced NSCLC

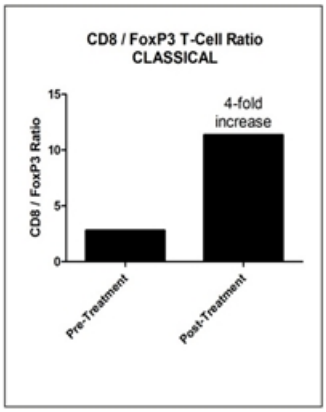
Trial to evaluate immune infiltration in tumor biopsies and ORR, DoR, PFS

Open-label design allows for periodic data updates

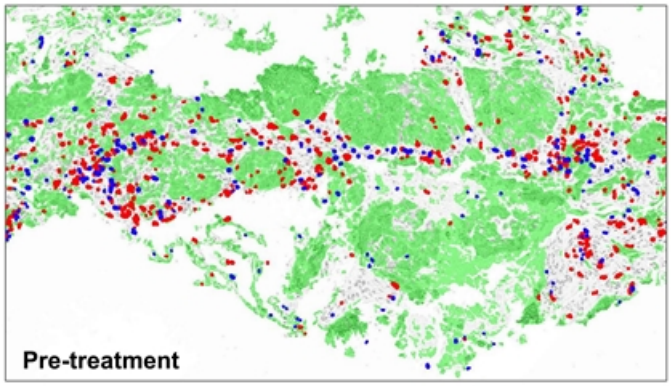
$T_{effector}$:$T_{regulatory}$ Ratio

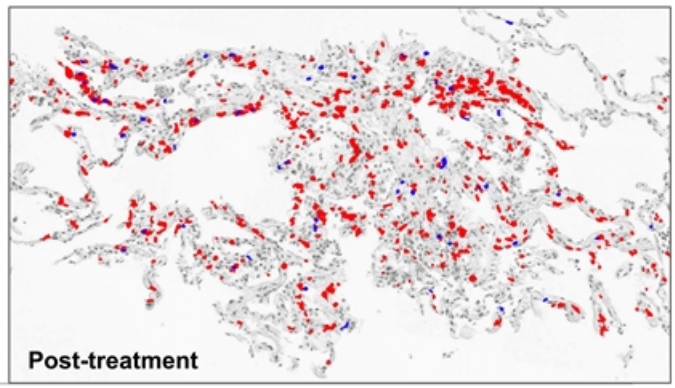
CLASSICAL-Lung: Pepinemab+Avelumab



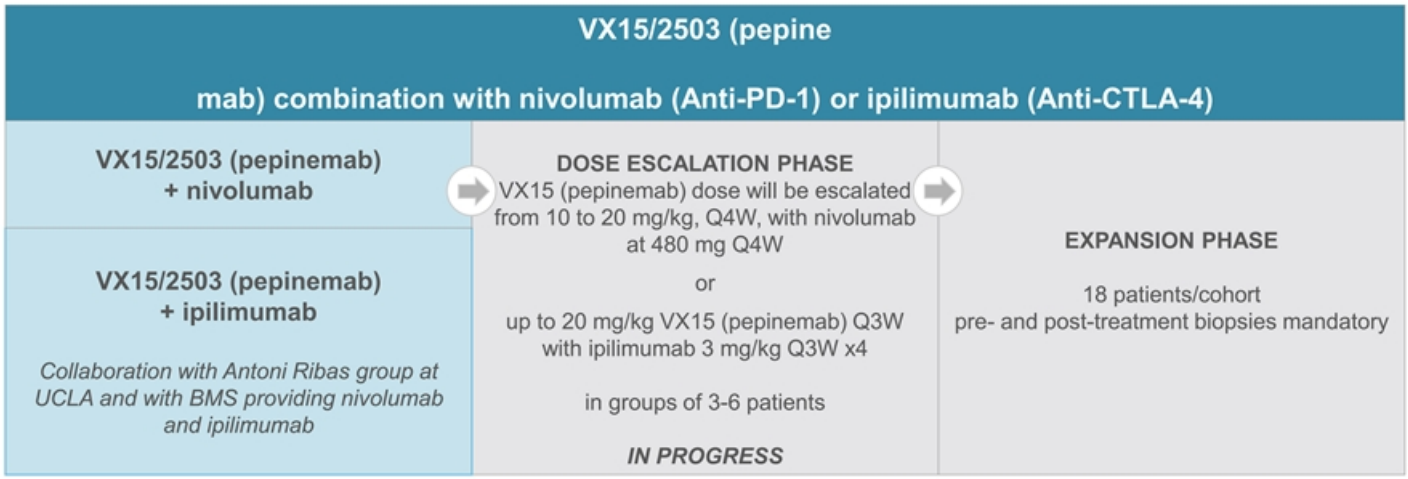


- **Pre-treatment** tissue shows infiltrating malignant cells
- **Post-treatment** biopsy demonstrates reactive alveolar parenchyma and inflammation. No evidence of tumor.



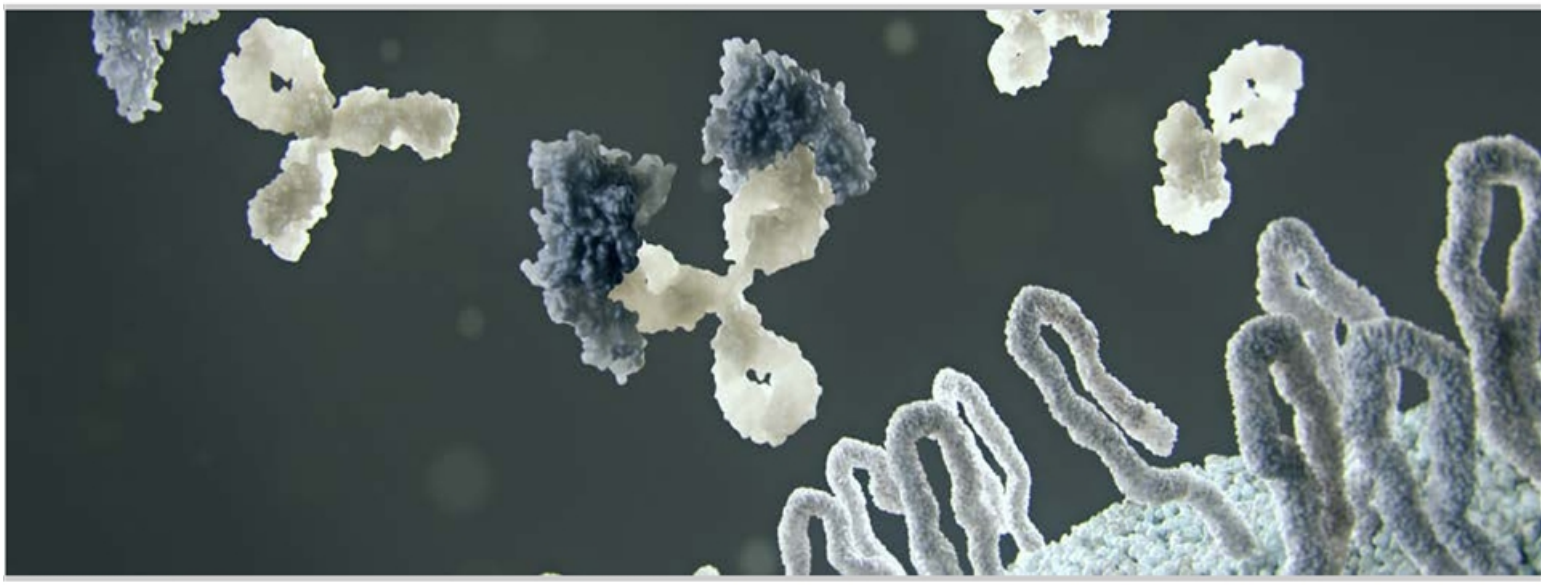


Combination Melanoma Trial with Nivolumab and with Ipilimumab



- Randomized Phase 1 study to enroll up to 60 patients with advanced (stage III or IV) melanoma who have progressed on anti-PD1/L1 based checkpoint inhibitors
- Trial to evaluate immune infiltration in tumor biopsies, ORR, DoR and PFS

Open-label design allows for periodic data updates

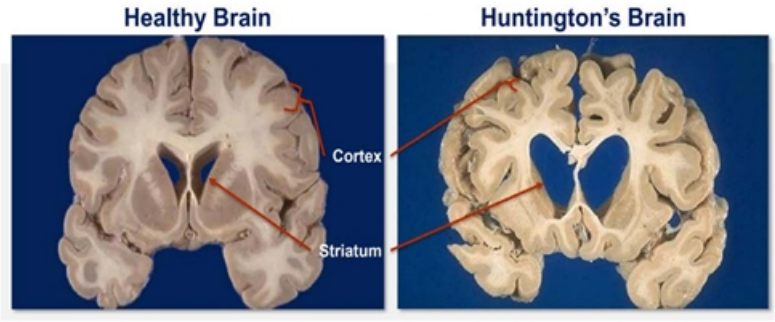


VX15 (pepinemab)/Anti-Semaphorin 4D for Huntington's Disease

Huntington's Disease (HD)

HD is an autosomal dominant neurodegenerative disease caused by mutation in a single gene

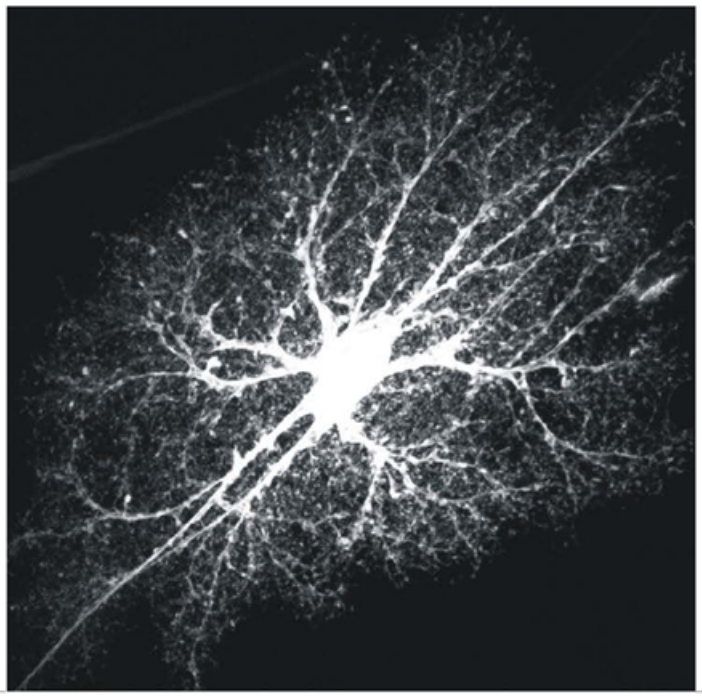
- Neuronal degeneration and severe atrophy is observed in multiple brain regions
- Symptoms usually appear between the ages of 30 to 50



Estimated patient population ~30,000 manifest disease and 100,000 pre-manifest with inherited mutation (prodromal) in the U.S. Similar number in EU 5

There are currently no approved treatments to alter the course of HD

Astrocytes reach out to touch and interact with other brain cells



Astrocyte "arms" provide essential functional support to neurons.

- Fully cover capillaries and facilitate glucose uptake from circulation
- Cradle synapses and recycle glutamate
- Positioned to couple energy metabolism with neuronal activity

Astrocytes Undergo Inflammatory Transformation that Aggravates Brain Damage in HD

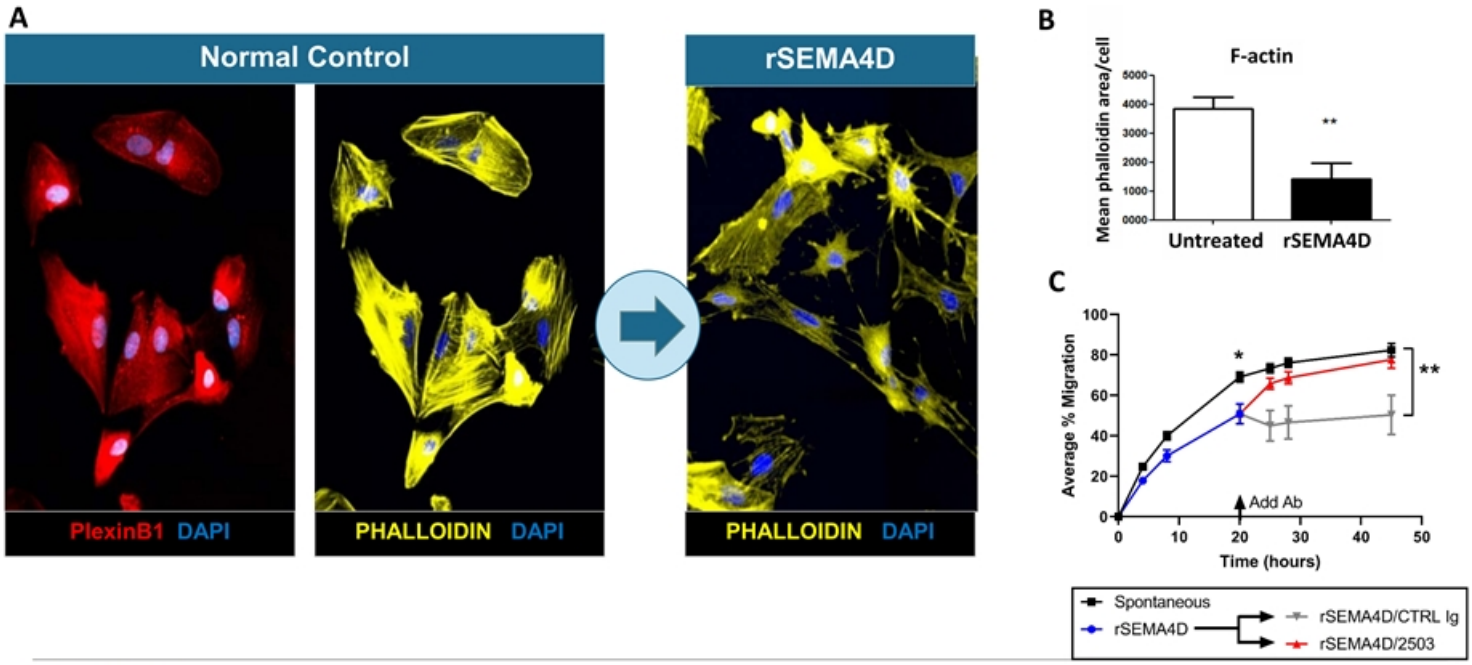
- **CNS damage triggers a dramatic change in astrocyte morphology and function**
  - Shift from direct contact with other cells to secretion of inflammatory mediators
  - this is beneficial in the context of acute focal injury such as stroke
  - but becomes maladaptive in broad chronic injury such as that caused by mHTT aggregates in HD

Astrocytes Undergo Inflammatory Transformation that Aggravates Brain Damage in HD

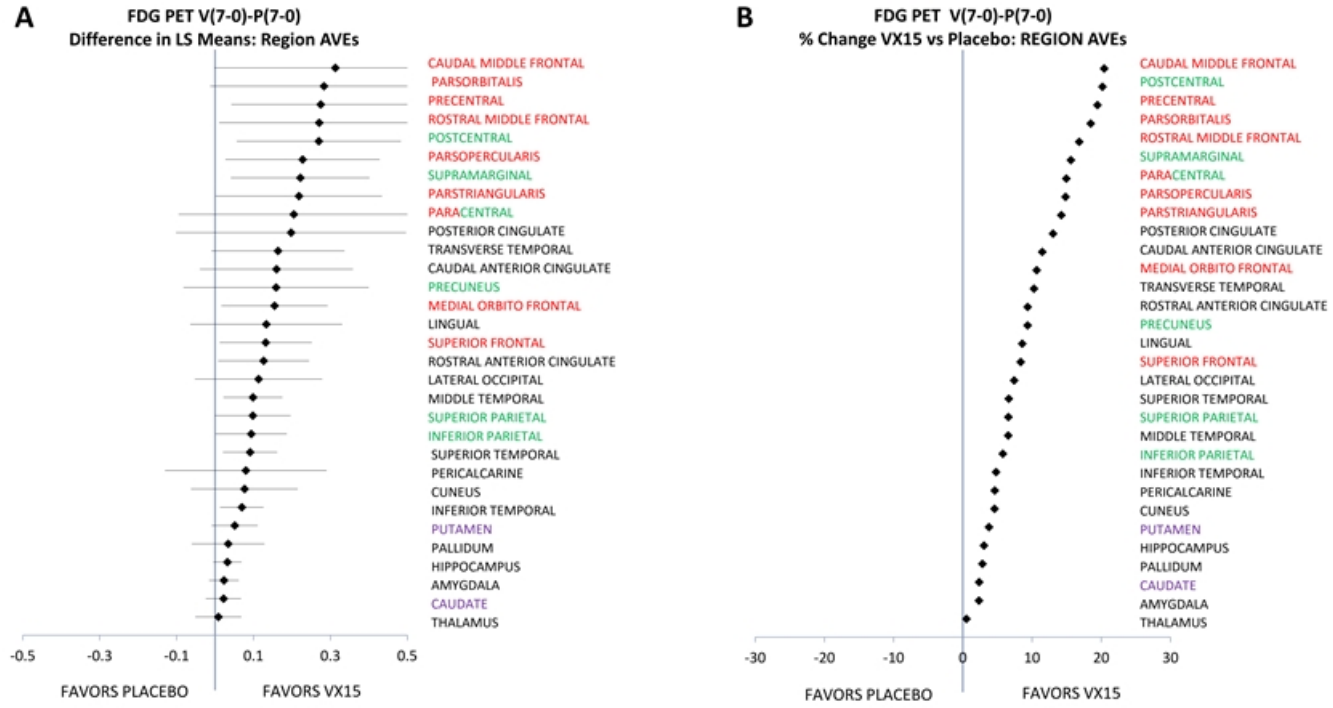
- **How do astrocytes recognize and respond to damage?**
  - Astrocytes express high levels of receptors for SEMA4D
  - SEMA4D is upregulated at site of injury
  - SEMA4D triggers depolymerization of F-actin associated with transformation of astrocytes from normal to inflammatory state

Hypothesis: blocking F-actin depolymerization will reduce inflammatory transformation and increase glucose uptake

SEMA4D Inhibits Cell Migration and Process Extension



Clinical Trial: FDG-PET Treatment Effect - Mean Change Over 6 Months



Effect Size (difference in LS means)

% Change in FDG PET (VX15 vs Placebo)

SIGNAL Cohort A Data Highlights

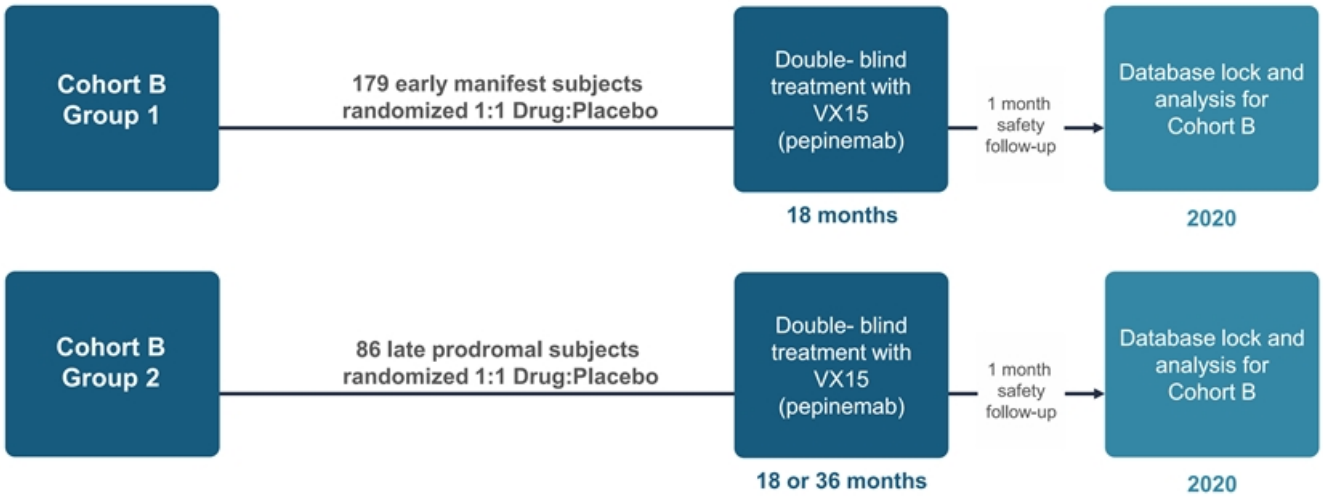
VX15 (pepinemab) treatment significantly increases metabolic activity as detected by FDG-PET:

- Previous studies in Alzheimer's Disease concluded that glucose metabolism is a sensitive measure of change in cognition and functional ability and has value in predicting future cognitive decline or as an outcome measurement for monitoring clinically-relevant change over time*.
- Encouraging treatment effects on preservation of brain matter (reduced atrophy) and improvement in multiple motor and cognitive assessments were also seen in Cohort A

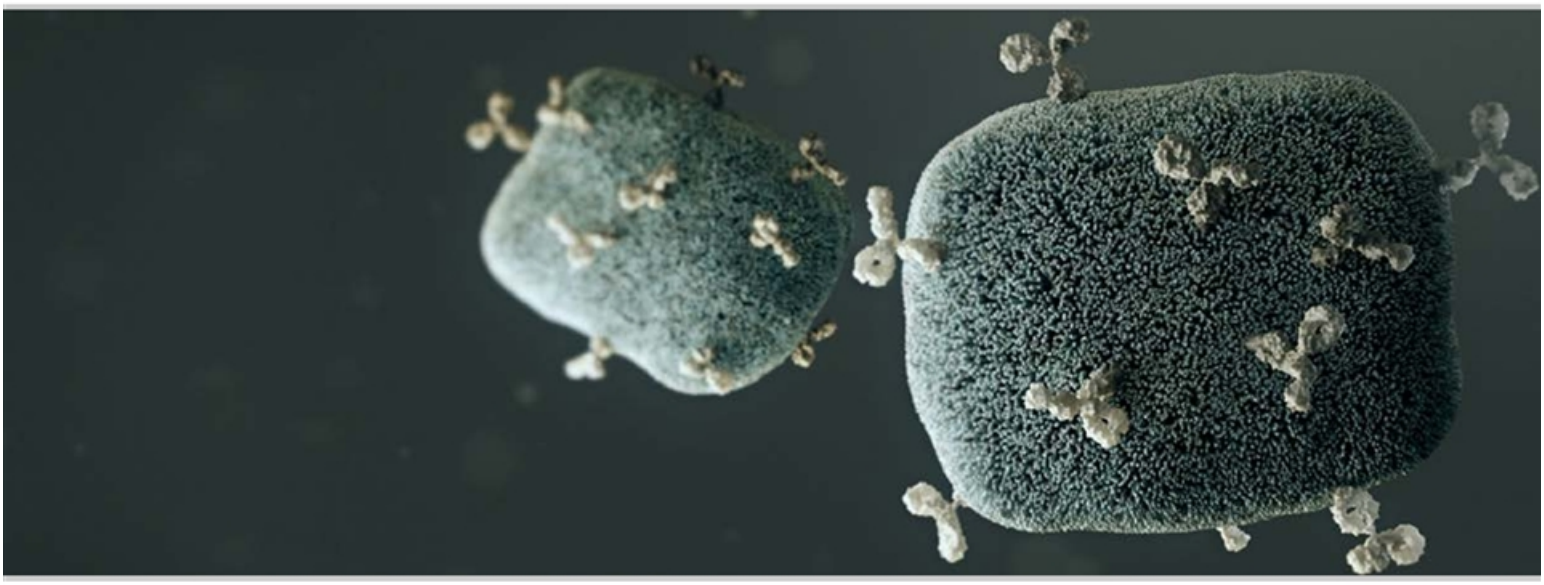
No concerning safety signals were identified

* Landau et. al., *Neurobiol Aging*. 2011; 32(7): 1207–1218

Huntington's Disease Clinical Trial Design: Cohort B



Enrollment in Cohort B expected to be completed by December 31, 2018
Last patient last visit anticipated around July, 2020



Antibody Selection to Multi-Pass Membrane Receptors

ActivMAb Technology

Viral envelope expression technology to display multi-pass membrane receptors so as to enable antibody selection against this important class of pharmaceutical targets

Research Collaboration with SURFACE ONCOLOGY

- Announced January 2018
- Utilizes Vaccinex's ActivMAb platform to discover and select monoclonal antibodies to two undisclosed membrane targets
- Surface Oncology has the option to obtain exclusive worldwide rights to antibodies discovered during the research program
- Vaccinex received an upfront payment and ongoing research funding
- Vaccinex also entitled to license fees, development and clinical milestones, and royalties from net sales of products developed from the licensed antibodies

VACCINEX
ActivMAb Technology

Robust Patent Estate

VX15 (pepinemab) US Patents and Patent Applications

Key Composition of Matter Claims	**US No. 8,496,938 issued 7/30/13)** ***Expected Exclusivity to 2030 (before patent term extension)***
Key Additional Method of Use Claims for Treatment of Cancer and Neurodegenerative Diseases	US No. 9,243,9068 issued 1/26/16 US No. 9,249,227 issued 2/2/16 Filed: 2014 – 2015 Expected Exclusivity to 2035 (before patent term extension)

Total Patent Franchise	US	EU
Granted / allowed	26	11
Pending	15	13

Anticipated Milestones

Event	Timing
Antibody Platform: Expected delivery of selected antibodies to Surface Oncology	Q4 2018
Publish SIGNAL Cohort A Data in Huntington's Disease	H2 2019
ASCO 2019, Anticipated Initial Report of Open Label combination study of VX15 (pepinemab) with avelumab in NSCLC	June 2019
Estimated Primary Completion Date* of combination study in NSCLC	Q4 2019
Estimated Primary Completion Date* of SIGNAL Cohort B study in HD	Q3 2020
Estimated Primary Completion Date* of combination study in Melanoma	H2 2020

* The primary completion date is the date on which the last participant in a clinical study was examined or received an intervention to collect final data for the primary outcome measure

Vaccinex Corporation

Clinical-stage immunotherapy company focused on the discovery and development of antibody therapies for neurodegenerative diseases and cancer

VCNX (NASDAQ)	
Recent close	$5.00 (2/8/2019)
Shares outstanding	11.5M
Market cap	$57.5M
Headquarters	Rochester, NY
Employees	44 (34 in R&D)
IPO	August 2018
Proceeds: Gross/Net	$40M/$35M
Underwriters	Oppenheimer, BTIG, Ladenburg

Executive Management Team

Maurice Zauderer, Ph.D. *Founder, President & Chief Executive Officer*	Formerly Professor at University of Rochester and at Columbia University.	University of Rochester Medical Center; Columbia University
Scott E. Royer, CFA, MBA *Chief Financial Officer*	Formerly CFO, Medical Films Division of Carestream Health.	Carestream Health
John E. Leonard, Ph.D. *SVP Development & Officer*	Formerly VP Product Development at IDEC and Biogen-IDEC.	biogen idec
John Parker, Ph.D. *VP, Regulatory Affairs & Quality Systems*	Formerly Senior VP for RA/QA in several assurance/compliance roles.	MERCK Be well; centocor; MedImmune
Ernest S. Smith, Ph.D. *SVP Research & Chief Scientific Officer*	Formerly Research Scientist at University of Rochester.	University of Rochester Medical Center
Raymond E. Watkins *SVP & Chief Operating Officer*	Formerly Director of Operations, Australasia at Life Technologies (Invitrogen).	Wyeth; life technologies

Vaccinex Board of Directors

Albert D. Friedberg	Chairman, President and CEO of Friedberg Mercantile Group, a Toronto-based commodities and investment management firm he founded in 1971. He served as Chairman of the Toronto Futures Exchange from March 1985 to June 1988.
Alejandro M. Berlin, M.D., MSc.	Radiation Oncology, Princess Margaret Cancer Centre, University of Toronto.
Alan L. Crane	Partner at Polaris Partners. Served as Founder and/or has played a significant role as CEO in building five Polaris companies, including Cerulean Pharma and Momenta. Prior to Polaris, Alan was Senior Vice President of Global Corporate Development at Millennium Pharmaceuticals.
Jacob B. Frieberg	Principal, The WTF Group.
J. Jeffrey Goater	CEO of Surface Oncology, Formerly, CFO of Voyager Therapeutics.
Bala S. Manian, Ph.D.	Founder (or co-founder) of Quantum Dot Corporation, SurroMed, Biometric Imaging, Lumisys Inc., Molecular Dynamics and, most recently, ReaMetrix.
Gerald E. Van Strydonck	CFO of Colgate Rochester Crozer Divinity School. Formerly, Managing Partner at PricewaterhouseCoopers.
Barbara Yanni	Formerly, Vice President and Chief Licensing Officer at Merck & Co., Inc.
Maurice Zauderer, Ph.D.	Vaccinex Founder, President and Chief Executive Officer. Formerly, Professor at University of Rochester and at Columbia University.