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(54) Title: METHODS OF TREATING TRANSPLANT REJECTION USING A DOMAIN ANTIBODY DIRECTED AGAINST  
CD40L

## FIG. 1B

EVQLLESGGGLVQPGGSLRLSCAASGFTFNWELMGWARQAPGKGLEWVSGIEGPGDVTYYADSVKGRFTI  
SRDNSKNTLYLQMNSLRAEDTAVYYCVKVGKDAKSDYRGQGLTLVTVSSASTEPKSSDKTHTSPSPAPELL  
GGSSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSV  
LTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPOVYTLPPSRDELTKNQVSLTCLVKGFYPS  
DIAVEWESNGQPENNYKTPPVLDSDGSFFLYSKLTVDKSRWQQGNVFCFSVMHEALHNHYTQKSLSLSPGK  
(MW=77,984 daltons)

dAb  
Linker  
Modified IgG1 Fc from Abatacept (Cys→Ser; Pro→Ser)

(57) Abstract: Methods of treating renal transplant rejection using anti-CD40L domain antibodies are provided. The anti-CD40L dAbs are less likely to cause platelet aggregation and thus cause thromboembolism. Appropriate anti-CD40L dAbs doses and administration regimens are also provided. Combination treatments for transplant rejection, particularly renal transplant rejection, using anti-CD40L dAbs, a CTLA4 mutant molecule (e.g., belatacept) and/or anti-CD28 optionally with conventional immunosuppressive renal transplant therapy are provided.