SUPPLEMENTAL MATERIAL

Supplemental Figure 1



Supplemental Figure 2









Supplemental Figure 3.



Supplemental Figure Legend

Supplemental Figure 1: Systemic T cells in HF Patients (A) Representative FACS dot plots and (**B**) quantification of CD4⁺ T cells from peripheral blood mononuclear cells (PBMCs) in normal and class III-IV heart failure patients. (**C**) Representative FACS dot plots and (**D**) quantification of systemic CD4⁺ T cell subsets, Th17, Th1 and Tregs in normal and class III-IV heart failure patients. n=2 non-HF and n=3-4 HF. Treg plot shows highly regulatory T cells (Foxp3+CD25hi) labeled as 1, also increased in HF as compared to control.

Supplemental Figure 2: Increased circulating CD4+ T cells and T cell subsets in PO induced heart failure in WT mice. (A) Representative FACs dot plot and (B) quantification of CD4 expression in blood after 4 weeks sham and TAC surgery in WT mice. (C) Representative FACS dot plots and (D) quantification of systemic CD4⁺ T cell subsets, Th1 and Th17 in WT mice 4 weeks after sham and TAC surgery. N=2 sham and n=3 TACs. Data represent mean \pm SD; *p<0.05.

Supplemental Figure 3: (A-C) RNA expression for adhesion molecules VCAM-1, Esel, and ICAM-1 respectively in WT and TCR $\alpha^{-/-}$ mice 4 weeks post sham and TAC surgery (n=4-6 shams and 7-10 TACs per group). (D) Representative immunohistochemical staining of ICAM-1 in the vessels of WT and TCR $\alpha^{-/-}$ mice 4 weeks post sham and TAC surgery. (E-H) Inflammatory cytokines and (I,J) T cell transcription factors in WT and TCR $\alpha^{-/-}$ mice after 4 weeks of sham and TAC surgery (n=4-6 shams and 7-10 TACs per group). Data represent mean ± SD; *p<0.05.