Cyclophilin A Prevents HIV-1 Restriction in Lymphocytes by

Blocking Human TRIM5α Binding to the viral Core.

Anastasia Selyutina[#1], Mirjana Persaud[#1], Angel Bulnes-Ramos[1], Cindy Buffone[1],

Alicia Martinez-Lopez[1], Viviana Scoca[2], Francesca Di Nunzio[2], Joseph Hiatt[3],

Nevan J. Krogan[3], Judd F. Hultquist[4] and Felipe Diaz-Griffero[*1]

[1]Department of Microbiology and Immunology, Albert Einstein College of Medicine,

Bronx, NY 10461, USA.

[2]Molecular Virology and Vaccinology Unit, CNRS UMR 3569, Department of Virology,

Institut Pasteur, Paris, France.

[3]Department of Cellular and Molecular Pharmacology, Quantitative Biosciences Institute,

QBI, University of California, San Francisco, San Francisco, CA 94158, USA. J. David

Gladstone Institutes, San Francisco, CA 94158, USA.

[4]Division of Infectious Diseases, Northwestern University Feinberg School of Medicine,

Chicago, IL 60611, USA.

[#] These authors contributed equally to this work.

*Corresponding author:
Felipe Diaz-Griffero Ph.D.
Albert Einstein College of Medicine
1301 Morris Park – Price Center 501
New York, NY 10461
Phone: (718) 678-1191
Email: Felipe.Diaz-Griffero@einstein.yu.edu

ABSTRACT

Disruption of cyclophilin A (CypA)-capsid interactions affects HIV-1

replication in human lymphocytes. To understand the mechanism, we used

Jurkat cells, human PBMCs, and human CD4$^+$ T cells. Our results showed that

the inhibition of HIV-1 infection caused by disrupting CypA-capsid interactions is

dependent on human TRIM5α (TRIM5α_{hu}), suggesting that TRIM5α_{hu} restricts

HIV-1. Accordingly, we found that TRIM5α_{hu} binds to the HIV-1 core. Disruption

of CypA-capsid interactions failed to affect HIV-1-A92E infection, correlating with

the loss of TRIM5α_{hu} binding to HIV-1-A92E cores. Disruption of CypA-capsid

interactions in PBMCs and CD4$^+$ T cells had a greater inhibitory effect on HIV-1

when compared to Jurkat cells. HIV-1-A92E infection of PBMCs and CD4$^+$ T cells

was unaffected by disruption of CypA-capsid interactions. Consistent with

TRIM5α restriction, disruption of CypA-capsid interactions in CD4$^+$ T cells

inhibited reverse transcription. Overall, our results showed that CypA binding to

the core protects HIV-1 from TRIM5α_{hu} restriction.

Keywords: HIV-1; CypA; TRIM5α_{hu}; core; capsid; restriction; CD4$^+$ T cells

INTRODUCTION

The early steps of human immunodeficiency virus (HIV-1) replication involve delivery of the viral core into the host cytoplasm. The viral core is a conical structure composed of ~1,500 monomers of the HIV-1 capsid protein, which protects the viral RNA genome (Pornillos et al., 2009; Sundquist and Hill, 2007). The capsid protein plays a role in uncoating, reverse transcription, and nuclear import. To perform these functions, the capsid protein has been shown to functionally interact with several host dependency factors, including cyclophilin A (CypA) (Luban et al., 1993), Nup153 (Buffone et al., 2018; Di Nunzio et al., 2013) (Brass et al., 2008; Konig et al., 2008; Lee et al., 2010; Matreyek and Engelman, 2011; Matreyek et al., 2013; Zhou et al., 2008), RANBP2 (Di Nunzio et al., 2012; Meehan et al., 2014; Ocwieja et al., 2011), and TNPO3 (Brass et al., 2008; Christ et al., 2008; Konig et al., 2008; Krishnan et al., 2010; Levin et al., 2010; Ocwieja et al., 2011; Thys et al., 2011; Valle-Casuso et al., 2012; Zhou et al., 2008). Effective HIV-1 infection may occur only when these factors interact with the HIV-1 core at the appropriate time and in the appropriate order, thus raising the possibility that the initial binding of particular factors may modulate the subsequent binding of other factors.

The interaction of CypA with monomeric HIV-1 capsid was originally reported about 30 years ago (Luban et al., 1993), and it has been well-established that this interaction modulates HIV-1 infection (Braaten et al., 1996; Braaten and Luban, 2001; Li et al., 2009; Schaller et al., 2011; Sherry et al.,

1998; Sokolskaja et al., 2004; Thali et al., 1994; Towers et al., 2003). Although

the ability of CypA to modulate HIV-1 infection is cell-type dependent, it is clear

that the disruption of CypA-capsid interactions negatively affects HIV-1 infection

of lymphocytes (Braaten and Luban, 2001; Li et al., 2009; Ptak et al., 2008;

Sherry et al., 1998; Sokolskaja et al., 2004; Towers et al., 2003; Wainberg et al.,

1988; Yin et al., 1998); however, the underlying mechanism remains elusive.

To investigate the molecular events that result in a decrease in HIV-1

infection upon disruption of CypA-capsid interactions in lymphocytes, we used

Jurkat cells, primary human peripheral blood mononuclear cells (PBMCs), and

primary human CD4$^+$ T cells as experimental models. Our experiments revealed

that inhibition of HIV-1 infection caused by disrupting CypA-capsid interactions is

dependent on the expression TRIM5α_{hu}. These results suggested that TRIM5α_{hu}

is restricting HIV-1 infection upon disruption of CypA-capsid interactions. In

agreement, we found that TRIM5α_{hu} binds to the HIV-1 core. Interestingly,

TRIM5α_{hu} does not bind to HIV-1 cores bearing the capsid mutant A92E (HIV-1-

A92E). Infection of HIV-1-A92E viruses was not affected by disruption of CypA-

capsid interactions, which correlates with the loss of TRIM5α_{hu} binding to HIV-1

cores bearing the A92E mutation. These experiments suggested that CypA

protects the HIV-1 core from TRIM5α_{hu}. Although the infectivity defect observed

in Jurkat cells is small, disruption of CypA-interactions in PBMCs and CD4$^+$ T

cells causes a major defect in infectivity. In agreement with our hypothesis that

CypA is protecting the core from TRIM5α_{hu}, infection of PBMCs and CD4$^+$ T cells

by HIV-1-A92E viruses was insensitive to the disruption of CypA-capsid

interactions. Consistently with a block imposed by TRIM5α proteins, disruption of

CypA-capsid interactions in CD4$^+$ T cells dramatically decreased the efficiency of

reverse transcription. Overall, our investigations suggested a model in which

CypA binding to the HIV-1 core protects the core from the restriction factor

TRIM5α_{hu}.

RESULTS

HIV-1 infection of Jurkat cells is sensitive to Cyclosporin A treatment.

To understand the role of CypA in HIV-1 infection of CD4$^+$ T cells, we

used the human T-cell line Jurkat as an experimental model. Cyclosporin A

(CsA) is a molecule that binds to CypA, and thus blocks cellular CypA activity. To

measure the effect of CsA treatment on HIV-1 infectivity, we infected Jurkat cells

with HIV-1 tagged with green fluorescent protein (HIV-1-GFP) in the presence of

10 μM CsA. Consistent with results from previous studies (Braaten and Luban,

2001; Hatziioannou et al., 2005; Li et al., 2009; Ptak et al., 2008; Sokolskaja et

al., 2004; Towers et al., 2003; Wainberg et al., 1988; Yin et al., 1998), HIV-1-

GFP infection of human Jurkat T cells was sensitive to CsA treatment (Figure 1A,

upper panel). Experiments were repeated multiple times and the fraction of GFP-

positive cells normalized to the dimethyl sulfoxide (DMSO)-treated control is

shown (Figure 1A, lower panel). To further confirm the importance of CypA-

capsid interactions in HIV-1 infection, we challenged Jurkat T cells with p24-

normalized amounts of HIV-1-P90A and HIV-1-G89V, which are mutant versions

of HIV-1 that disrupt CypA-capsid interactions (Gamble et al., 1996; Thali et al.,

1994). Infection was determined by measuring the percentage of GFP-positive

cells at 48 h post-infection. We found that the mutant HIV-1 strains bearing

capsid changes that disrupted CypA-capsid interactions were less infectious than

wild-type HIV-1 (Figure 1B, upper panel). Experiments were repeated multiple

times and the fraction of GFP-positive cells normalized to control is shown

(Figure 1B, lower panel). Although Jurkat cells failed to show a dramatic

decrease in HIV-1 infectivity as a result of disrupted CypA-capsid interactions, we

still used this cell line as a model to mechanistically understand the contribution

of CypA to HIV-1 infection.

Human TRIM5α (TRIM5α_{hu}) binds to the HIV-1 capsid.

Previous studies have shown that CypA modulates the ability of rhesus

tripartite motif (TRIM) protein, TRIM5α (TRIM5α_{rh}), to restrict HIV-1 infection

(Berthoux et al., 2005; Burse et al., 2017; Keckesova et al., 2006; Lin and

Emerman, 2008; Stremlau et al., 2006b), which is not surprising because both

proteins interact with the HIV-1 core. It is well known that TRIM5α_{rh} cages the

HIV-1 core using cooperative binding during infection (Diaz-Griffero et al., 2009;

Ganser-Pornillos et al., 2011; Stremlau et al., 2006a). Because both CypA and

TRIM5α_{rh} bind to the HIV-1 core, it is possible that CypA modulates the binding

of TRIM5α_{rh} to the HIV-1 core and vice versa.

More recent studies have suggested that TRIM5α_{hu} blocks HIV-1 infection

(Jimenez-Guardeno et al., 2019; OhAinle et al., 2018), possibly by binding to the

HIV-1 core. Therefore, we tested the ability of TRIM5α_{hu} to bind to the HIV-1 core

using our capsid binding assay (Selyutina et al., 2018). We found that TRIM5α_{hu}

binds to the HIV-1 core (Figure 2). TRIM5α_{hu} showed a stronger interaction with

the HIV-1 core compared with TRIM5α_{rh} (Figure 2). Our results showed for the

first time that TRIM5α_{hu} interacted with the HIV-1 core. One possibility is that

CypA modulates the ability of TRIM5α_{hu} to interact with the HIV-1 core.

TRIM5α$_{hu}$ expression is necessary for the inhibition of HIV-1 infection

mediated by the disruption of CypA-capsid interactions.

Because of the ability of TRIM5α$_{hu}$ to bind to the HIV-1 core, we tested

whether TRIM5α$_{hu}$ is involved in the blocking of HIV-1 infection mediated by the

disruption of CypA-capsid interactions. For this purpose, we achieved knockdown

(KD) of TRIM5α$_{hu}$ expression in Jurkat cells using a specific short hairpin RNA

(shRNA) against TRIM5α$_{hu}$ (Figure 3), as described in Materials and Methods. To

test for TRIM5α$_{hu}$ expression, we challenged different sets of TRIM5α$_{hu}$ KD cells

with increasing amounts of N-tropic murine leukemia virus GFP (N-MLV-GFP),

which is restricted by TRIM5α$_{hu}$. We found that Jurkat TRIM5α$_{hu}$ KD cells were

susceptible to N-MLV infection (Figure 3A), whereas in shRNA control cells, N-

MLV-GFP infection was blocked. As a control, we also showed that TRIM5α$_{hu}$ KD

cells were susceptible to B-tropic murine leukemia virus GFP (B-MLV-GFP),

which is not restricted by TRIM5α$_{hu}$ (Figure 3A). These results confirmed that KD

of TRIM5α$_{hu}$ expression was successfully achieved.

Next, we assessed the infection phenotype observed in Jurkat TRIM5α$_{hu}$

KD cells when CypA-capsid interactions are disrupted (Figure 3B). Surprisingly,

TRIM5α$_{hu}$ KD cells treated with CsA did not show marked inhibition of HIV-1

infection compared with control cells (Figure 3B), suggesting that TRIM5α$_{hu}$ is

involved in the inhibition of viral infection observed in CsA-treated cells that have

disrupted CypA-capsid interactions.

HIV-1-P90A is a mutant form of HIV-1 in which CypA-capsid interactions

are disrupted during infection. We tested whether HIV-1-P90A infection was

inhibited in TRIM5α_{hu} KD Jurkat cells. As shown in Figure 3C, we found that HIV-

1-P90A infection was not inhibited in TRIM5α_{hu} KD cells compared with control

cells. This result supports our hypothesis that expression of TRIM5α_{hu} is

important for the infection phenotype observed when CypA-capsid interactions

are disrupted. It is possible that CypA prevents the binding of TRIM5α_{hu} to the

HIV-1 core via steric hindrance, thus protecting the core from the restriction

factor during the early steps of infection.

CypA prevents the interaction of TRIM5α_{hu} with the HIV-1 core.

To test whether CypA modulates the binding of TRIM5α_{hu} to the HIV-1

core, we analyzed the binding of TRIM5α_{hu} to the HIV-1 core in the presence of

CsA, which binds to endogenously expressed CypA in cellular extracts and

prevents CypA binding to the HIV-1 core. As shown in Figure 4A, TRIM5α_{hu}

binding to the HIV-1 core increased 3- to 4-fold in the presence of CsA. We also

found that the binding of TRIM5α_{hu} to mutant P90A HIV-1 cores was 5- to 6-fold

higher than that of wild-type HIV-1 cores (Figure 4A) in the absence or presence

of CsA. These results suggested that CypA prevents the binding of TRIM5α_{hu} to

the HIV-1 core during infection. It is possible that CypA and TRIM5α_{hu} compete

with each other to interact with the incoming core. To test this hypothesis, we

investigated whether the addition of exogenous CypA decreased TRIM5α_{hu}

binding to the HIV-1 core. For this purpose, we assessed the ability of TRIM5α_{hu}

from cellular extracts to bind to the HIV-1 core in the presence of 10 µg of

recombinant CypA protein. We found that the addition of recombinant CypA

significantly decreased the binding of TRIM5α_{hu} to the HIV-1 core (Figure 4B). As

expected, recombinant CypA did not affect the binding of TRIM5α_{hu} to HIV-1

cores bearing the P90A mutation. Overall, these results suggested that CypA

protects the core from the restriction factor TRIM5α_{hu}.

Mutant HIV-1 strains that are impaired for capsid-TRIM5α_{hu} interactions are

insensitive to CsA treatment.

Previous studies have shown that infection of Jurkat cells by the HIV-1

strain bearing the capsid mutation A92E (HIV-1-A92E-GFP) was less sensitive to

CsA treatment when compared with wild-type HIV-1 (Hatziioannou et al., 2005;

Sokolskaja et al., 2004). Consistent with these findings, we observed that HIV-1-

A92E infection of Jurkat cells was insensitive to CsA treatment (Figure 5A). This

insensitivity may occur due to one or both of the following scenarios: 1) HIV-1-

A92E may have a higher affinity for CypA, which may better protect the virus

from TRIM5α_{hu}, and 2) HIV-1-A92E may have a lower affinity for TRIM5α_{hu},

which may prevent inhibition of infection. To explore these possibilities, we tested

the ability of CypA to interact with HIV-1 cores containing the A92E capsid

mutation. We found that CypA did not bind to the mutant A92E core, which

suggested no or poor interaction between HIV-1-A92E and CypA during infection

(Figure 5B). As a control, we showed that the binding of CypA to wild-type HIV-1

cores was CsA-sensitive (Figure 5B). Because CypA does not bind to HIV-1-

A92E, a stronger binding between HIV-1-A92E and TRIM5α_{hu} may result in

inhibition of infection. However, we found that the infection of Jurkat cells by HIV-

1-A92E was not affected when compared with that of wild-type HIV-1 (Figure

5A), suggesting that HIV-1-A92E may be unable to interact with TRIM5α_{hu}.

Consistent with our hypothesis, TRIM5α_{hu} did not interact with mutant HIV-1

cores bearing the capsid change A92E (Figure 5C). Overall, these results

indicated that mutant HIV-1 A92E cores bind neither CypA nor TRIM5$\alpha_{hu,}$ which

may explain the reason that CsA treatment does not affect HIV-1-A92E infection

of Jurkat cells.

CypA-capsid interactions are required for HIV-1 infection of human PBMCs

and CD4^{+} T cells.

To understand the role of CypA in HIV-1 infection of human primary

PBMCs, we challenged PBMCs and CD4^{+} T cells from different donors with HIV-

1 in the presence of increasing concentrations of CsA, which prevents the

binding of CypA to HIV-1 capsid (Diaz-Griffero et al., 2006; Luban et al., 1993).

As shown in Figure S1, CsA treatment inhibited HIV-1 infection in PBMCs and

CD4^{+} T cells. This result suggested that CypA-capsid interactions are required

for HIV-1 infection of human PBMCs and CD4^{+} T cells. To further corroborate

these findings, we challenged human PBMCs and CD4^{+} T cells with increasing

amounts of HIV-1 particles bearing the capsid mutations P90A and G89V, both of

which prevent CypA-capsid interactions (Gamble et al., 1996; Thali et al., 1994).

Infection was determined by measuring the percentage of GFP-positive cells at

48 h post-infection. Wild-type and mutant HIV-1-GFP viruses were normalized by

quantifying the levels of p24. We found that HIV-1-P90A and HIV-1-G89V were

unable to infect human PBMCs and CD4$^+$ T cells (Figure 6A and B). Although

this experiment was performed in PBMCs and CD4$^+$ T cells obtained from six

different donors, all of which showed the same results, we have only shown

sample results obtained from three donors. Our results suggested that CypA-

capsid interactions are required for HIV-1 infection in human primary PBMCs and

CD4$^+$ T cells. Importantly, the lack of CypA appeared to have a stronger effect on

HIV-1 infection in primary human lymphocytes compared with that in Jurkat cells

(Figures 1B and 6A&B), thus indicating that CypA was crucial for HIV-1 infection

of human primary cells. Overall, these results suggested that the disruption of

CypA-capsid interaction is detrimental for HIV-1 infection of PBMCs and CD4$^+$ T

cells.

Disruption of HIV-1 binding to TRIM5α_{hu} does not affect viral infection in

human PBMCs and CD4$^+$ T cells.

272   Mutant HIV-1 bearing the capsid change A92E lacks the ability to interact

with TRIM5α_{hu}. We examined the ability of HIV-1-A92E to infect PBMCs and

CD4$^+$ T cells to study the role of TRIM5α_{hu} during viral infection in these cells.

Consistent with the results observed in Jurkat cells, HIV-1-A92E infection levels

were comparable to that of wild-type HIV-1 in human PBMCs (Figure 7A). As a

control, we also challenged PBMCs with increasing concentrations of HIV-1-

P90A, an HIV-1 mutant that is completely inhibited in PBMCs (Figure 7A). We

observed similar results when we challenged CD4$^+$ T cells using HIV-1-A92E

(Figure 7B). Consistent with our previous binding experiments, we found that

HIV-1-A92E infection of PBMCs and CD4$^+$ T cells was not affected by TRIM5α_{hu},

which correlated with the inability of TRIM5α_{hu} to bind to mutant HIV-1-A92E

cores.

Depletion of CypA expression in human CD4$^+$ T cells inhibits HIV-1

infection.

We have previously shown that CypA-capsid interactions are important for

HIV-1 infection. To directly test the role of CypA in viral infection, we challenged

CypA knockout CD4$^+$ T cells with HIV-1$_{NL4-3}$-GFP. To create CypA knockouts,

CD4$^+$ T cells were separately electroporated with CRISPR/Cas9 complexes

containing five different guides against CypA (CypA-KO#1–5). Expression of

CypA was analyzed by western blotting using anti-CypA antibodies at 3 days

post-electroporation. As shown in Figure 8A, all five guides were able to

eliminate the expression of CypA. The CypA knockout cells were then challenged

with HIV-1$_{NL4-3}$-GFP. Consistent with our previous results, human CD4$^+$ T cells

depleted for CypA expression were resistant to HIV-1 infection (the results from

two donors are shown in Figure 8B). As a control, we used a CRISPR/Cas9

complex containing an RNA guide for CXCR4, which completely inhibits infection

of HIV-1$_{NL4-3}$-GFP. We also used a CRISPR/Cas9 complex containing a non-

targeting RNA guide. These results demonstrated that CypA expression is

essential for HIV-1 infection in human primary CD4$^+$ T cells.

CypA-capsid interactions are required for efficient HIV-1 reverse

transcription in human CD4$^+$ T cells.

Our analysis showed that HIV-1 strains bearing capsid mutations that

disrupt CypA-capsid interactions are unable to infect human CD4$^+$ T cells. To

identify the step in the HIV-1 life cycle at which infection is disrupted, we

challenged human CD4$^+$ T cells with p24-normalized levels of GFP expressed by

wild-type and capsid mutant HIV-1 particles, and measured reverse transcription,

nuclear import, and integration using real-time polymerase chain reaction (PCR)

(Figure 9). Infection was measured by determining the percentage of GFP-

positive cells at 72 h post-infection (Figure 9A). Consistent with our previous

results, HIV-1-P90A and HIV-1-G89V strains showed weak infection in CD4$^+$ T

cells (Figure 9A). Reverse transcription was measured by determining the levels

of late reverse transcripts (LRT) at 10 h post-infection (Figure 9B). Interestingly,

reverse transcription was reduced in HIV-1-P90A and HIV-1-G89V, suggesting

that CypA-capsid interactions were important for HIV-1 reverse transcription in

CD4$^+$ T cells. As a control, we used Nevirapine (Nev), which inhibits reverse

transcription (Figure 9B). For nuclear import, we measured the levels of 2-long

terminal repeat (2-LTR) circles at 24 h post-infection (Figure 9C). Consistent with

a reverse transcription block, our results showed that both viruses were blocked

for nuclear import. Viral integration was determined using Alu-PCR at 48 h post-

infection (Figure 9D). As a control, the integration inhibitor Raltegravir (Ral) was

also used. As expected, the integration of HIV-1-P90A and HIV-1-G89V was

blocked. Overall, these results suggested that HIV-1 requires interaction with

326　CypA in order to undergo efficient reverse transcription in human CD4^{+} T cells.

327　These results also suggested that in the absence of CypA, HIV-1 particles are

328　exposed to TRIM5α_{hu}, which inhibits reverse transcription.

DISCUSSION

A few years after the discovery of HIV-1 capsid interaction with CypA

(Luban et al., 1993), it was established that CsA treatment disrupted this

interaction, which then affected HIV-1 infectivity. It was soon realized that CsA

exerted varying effects on HIV-1 infection depending upon the human cell lines

used. Although CypA-capsid interactions have been studied for over 25 years,

the mechanism by which CsA affects HIV-1 infection remains elusive. Here, we

explored the role of CypA-capsid interactions in human lymphocytes.

Several recent studies have suggested that $TRIM5\alpha_{hu}$ may function as an

HIV-1 restriction factor (Jimenez-Guardeno et al., 2019; OhAinle et al., 2018).

This led us to hypothesize that $TRIM5\alpha_{hu}$ binds to the HIV-1 core, which was

proven by our results. Remarkably, we observed that $TRIM5\alpha_{hu}$ showed stronger

binding to the HIV-1 core than $TRIM5\alpha_{rh}$. Because $TRIM5\alpha_{hu}$ and CypA both bind

to the HIV-1 core, it is possible that these two factors compete for the HIV-1 core

during infection—CypA may modulate the binding of $TRIM5\alpha_{hu}$ to the HIV-1 core

or vice versa. We showed that the depletion of $TRIM5\alpha_{hu}$ expression rescued the

HIV-1 infectivity phenotype in Jurkat cells caused by the disruption of CypA-

capsid interactions. In cellular extracts, we also observed that CsA treatment

increased binding of $TRIM5\alpha_{hu}$ to the HIV-1 core. These results were consistent

with our hypothesis that CypA modulates the binding of $TRIM5\alpha_{hu}$ to the HIV-1

core. The results of the binding experiments suggested that CypA sterically

hinders the binding of $TRIM5\alpha_{hu}$ to the HIV-1 core, which could explain the

observed infectivity phenotype when CypA-capsid interactions were disrupted in

lymphocytes. Conversely, we also demonstrated that increasing the amounts of

CypA prevented the binding of TRIM5α_{hu} to the HIV-1 core. Based on these

results, we propose that the prevention of CypA binding allows TRIM5α_{hu} to bind

to the HIV-1 core, consequently inhibiting infection.

Our results indicated that the interaction of TRIM5α_{hu} with the HIV-1 core

leads to restriction of infection. However, several previous studies have shown

that overexpression of TRIM5α_{hu} has little or no effect on HIV-1 infection (Li et al.,

2006; Pham et al., 2010; Yap et al., 2005). One possibility is that restriction of

HIV-1 infection by TRIM5α_{hu} requires a specific cellular cofactor expressed only

in Jurkat cells and human primary lymphocytes. This cofactor may have been

absent or present only in insufficient amounts in other human cell lines that were

used for TRIM5α_{hu} overexpression experiments. The search for this type of

cofactors in the future is warranted. Alternatively, TRIM5α_{hu} might be recruited to

the HIV-1 core by other TRIM proteins through the formation of higher-order

complexes (Diaz-Griffero et al., 2009); TRIM5α dimers are known to associate

with other dimers and form higher-order self-association complexes. For

example, TRIM5α_{rh} forms higher-order complexes with human TRIM34 and

TRIM6 (Li et al., 2011). Alternatively, TRIM5α_{hu} might recruit other human TRIM

orthologs that are important for restriction. Future studies will explore the

existence of other human TRIM orthologs that may form higher-order complexes

with TRIM5α_{hu}.

Mutations in the CypA-binding loop of the capsid, such as P90A and

G89V, cause an infectivity defect similar to that caused by CsA treatment during

wild-type HIV-1 infection of Jurkat cells; however, infection of HIV-1 viruses

bearing the capsid change A92E are insensitive to CsA treatment in Jurkat cells

(Hatziioannou et al., 2005; Sokolskaja et al., 2004). Here, we showed that this

insensitivity was due to the lack of TRIM5α_{hu} binding to HIV-1-A92E mutant

cores. Normal viral infectivity correlated with the inability of TRIM5α_{hu} to bind to

HIV-1-A92E cores. Additionally, the HIV-1-A92E mutant core also did not interact

with CypA, indicating that the A92E mutation abolishes interaction of the HIV-1

core with both TRIM5α_{hu} and CypA. Based on these results, it is possible that

TRIM5α_{hu} binds to the CypA-binding loop or in its proximity.

The disruption of CypA-capsid interactions had a stronger effect on viral

infectivity in human primary cells compared with Jurkat cells. Mutant HIV-1 (P90A

or G89V) infection of PBMCs or CD4^{+} T cells was 10–20 fold weaker than that of

wild-type HIV-1. Similarly, KD of CypA expression in human primary CD4^{+} T cells

potently blocked HIV-1 infection. In contrast, HIV-1-A92E infection of primary

lymphocytes was not affected when compared to that of wild-type HIV-1. Taken

together, these results suggested that TRIM5α_{hu} blocks HIV-1 infection of human

primary lymphocytes when CypA-capsid interactions are disrupted. Consistent

with this idea, we observed that the inhibition of infection caused by the

disruption of CypA-capsid interactions in CD4^{+} T cells occurred prior to HIV-1

reverse transcription.

Our work has shown that CypA protects the core from TRIM5$\alpha_{hu.}$

Intriguingly, new- and old-world monkeys express a protein in which the TRIM

domain of TRIM5α and CypA form a fusion protein (Brennan et al., 2008;

Newman et al., 2008; Sayah et al., 2004). Based on our results, it is possible that

evolution may have taken advantage of a positive factor, in this case CypA, and

fused to the TRIM domain to develop a restriction factor.

Overall, this work showed the mechanism by which disruption of CypA-

capsid interactions affect HIV-1 infection of human primary lymphocytes. Future

experiments will explore whether a similar mechanism operates in macrophages

or dendritic cells.

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MATERIALS AND METHODS

Cell lines and drugs

Human Jurkat lymphocytes cells obtained from the American type culture collection (ATCC) were grown at 37°C in Roswell Park Memorial Institute (RPMI) medium supplemented with 10% fetal bovine serum (FBS) and 1% penicillin-streptomycin. Human 293T (ATCC) cells were grown at 37°C in Dulbecco's modified eagle medium (DMEM) supplemented with 10% FBS and 1% penicillin-streptomycin. Cyclosporin A (CsA) was dissolved in dimethyl sulfoxide (DMSO) to create a stock of 10 mM.

Infection using HIV-1-GFP reporter viruses

Recombinant human immunodeficiency virus-1 (HIV-1) strains such as HIV-1-G89V, HIV-1-P90A, and HIV-1-A92E expressing GFP were prepared as previously described (Diaz-Griffero et al., 2008). Viral challenges were performed in 24-well plates by infecting 50,000 cells (Jurkat, PBMCs, or CD4$^+$ T cells) per well. Infection was determined by measuring the percentage of GFP-positive cells using flow cytometry (Becton Dickinson).

Capsid expression and purification

pET-11a vectors were used to express the HIV-1 capsid protein containing the A14C and E45C mutations. Point mutations P90A and A92E were introduced using the QuikChange II site-directed mutagenesis kit (Stratagene) according to the manufacturer's instructions. All proteins were expressed in *Escherichia coli*

one-shoot BL21star (DE3) cells (Invitrogen), as previously described (Selyutina et

al., 2018). Briefly, cells were inoculated in Luria-Bertani (LB) medium and

cultured at 30°C until mid-log phase (A_{600}, 0.6–0.8). Protein expression was

induced with 1 mM isopropyl-β-d-thiogalactopyranoside (IPTG) overnight at

18°C. Cells were harvested by centrifugation at 5,000 × g for 10 min at 4°C, and

pellets were stored at −80°C until purification. Purification of capsids was carried

out as follows: pellets from 2 L of Luria containing bacteria were lysed by

sonication (Qsonica microtip: 4420; A = 45; 2 min; 2 sec on; 2 sec off for 12

cycles), in 40 ml of lysis buffer (50 mM Tris pH = 8, 50 mM NaCl, 100 mM β-

mercaptoethanol, and Complete EDTA-free protease inhibitor tablets). Cell

debris was removed by centrifugation at 40,000 × g for 20 min at 4°C. Proteins

from the supernatant were precipitated by incubation with one-third the volume of

saturated ammonium sulfate containing 100 mM β-mercaptoethanol for 20 min at

4°C, and centrifugation at 8,000 × g for 20 min at 4°C. Precipitated proteins were

resuspended in 30 ml of buffer A (25 mM 2-(N-morpholino) ethanesulfonic acid

(MES) pH 6.5 and 100 mM β-mercaptoethanol) and sonicated 2–3 times

(Qsonica microtip: 4420; A = 45; 2 min; 1 sec on; 2 sec off). The protein sample

was dialyzed three times in buffer A (2 h, overnight, 2 h), sonicated, diluted in

500 ml of buffer A, and was chromatographed sequentially on a 5-ml HiTrap Q

HP column and on a 5-ml HiTrap SP FF column (GE Healthcare), which were

both pre-equilibrated with buffer A. The capsid protein was eluted from the

HiTrap SP FF column using a linear gradient of concentrations ranging from 0–2

M NaCl. The eluted fraction that had highest protein levels was selected based

on absorbance at 280 nm. Pooled fractions were dialyzed three times (2 h,

overnight, 2 h) in storage buffer (25 mM MES, 2 M NaCl, 20 mM β-

mercaptoethanol). The sample was reduced to a concentration of 20 mg/ml using

Centricon and stored at -80°C.

Assembly of stabilized HIV-1 capsid tubes

One milliliter of monomeric capsid (5 mg/ml) was dialyzed in SnakeSkin

dialysis tubing 10K MWCO (Thermo Scientific) using a buffer that is high in salt

and contains a reducing agent (buffer 1: 50 mM Tris, pH 8, 1 M NaCl, 100 mM β-

mercaptoethanol) at 4°C for 8 h. Subsequently the protein was dialyzed using

buffer 1 without the reducing agent β-mercaptoethanol (buffer 2: 50 mM Tris, pH

8, 1 M NaCl) at 4°C for 8 h. The absence of β-mercaptoethanol in the second

dialysis allows the formation of disulfide bonds between Cysteine 14 and 45

inter-capsid monomers in the hexamer. Finally, the protein was dialyzed using

buffer 3 (20 mM Tris, pH 8,0, 40 mM NaCl) at 4°C for 8 h. Assembled complexes

were kept at 4°C for up to 1 month.

Capsid binding assay protocol.

Human HEK293T cells were transfected for 24 h with a plasmid

expressing the protein of interest (TRIM5α_{hu},TRIM5α_{rh}, or CypA). The cell

medium was completely removed and cells were scraped off the plate and lysed

in 300 μl of capsid binding buffer (CBB: 10 mM Tris, pH 8,0, 1,5 mM MgCl$_2$, 10

mM KCl). Cells were rotated at 4°C for 15 min and then centrifuged to remove

cellular debris (21,000 × g ,15 min, 4°C). Cell lysates were incubated with

stabilized HIV-1 capsid tubes for 1 h at 25°C. Subsequently, the stabilized HIV-1

capsid tubes were centrifuged at 21,000 × g for 2 min. Pellets were washed 2-3

times by resuspension and centrifugation in CBB or phosphate-buffered saline

(PBS). Pellets were resuspended in Laemmli buffer 1× and analyzed by western

blot using anti-p24 and the indicated antibodies.

Preparation of PBMCs and CD4$^+$ T cells

PBMCs from healthy donor whole blood were isolated by density gradient

centrifugation using Ficoll-Paque Plus (GE Health Care, #17-1440-02). 40 ml of

whole blood was centrifuged at 300 × g for 10 min, and the plasma layer was

removed and replaced with Hank's Balanced Salt solution (HBSS; Sigma Aldrich,

#H6648). The whole blood was then diluted to a ratio of 1:2 with HBSS with 20

ml of the diluted blood layered on top of 20 ml Ficoll-Paque Plus and centrifuged

at 300 × g for 30 min. The resulting whitish buffy coat layer was collected,

washed twice with HBSS, and resuspended in 10 RPMI medium containing 10%

(vol/vol) FBS and 1% (vol/vol) penicillin-streptomycin, and activated with IL-2

(100 U/ml) (Human IL-2; Cell Signaling Technology, #8907SF) and

phytohemagglutinin (1 µg/ml) for 3 days. CD4$^+$ T cells were obtained via negative

selection from PBMCs using a human CD4$^+$ T-cell isolation kit (MACS Miltenyi

Biotec, #130-096-533). Per 1 × 10^7 total cells, PBMCs were resuspended in 40 µl

CD4$^+$ T-cell isolation buffer (PBS, pH 7.2, 0.5% bovine serum albumin, and 2 mM

EDTA). Ten microliters of CD4$^+$ T-cell biotin-antibody cocktail was then added

and incubated at 4°C for 5 min. Thirty microliters of CD4$^+$ T-cell isolation buffer

and 20 µl of CD4$^+$ T-cell microbead cocktail were then added and further

incubated for 10 min at 4°C. Depending on the amount of PBMCs isolated, LS

Column (MACS Miltenyi Biotec, #130-042-401) or MS Column (MACS Miltenyi

Biotec, #130-042-201) attached to a MACS Separator was pre-washed with 3 ml

or 6 ml of ice-cold CD4$^+$ T-cell isolation buffer, respectively. PBMC suspension

was added to the column and the flow-through was collected in a 15-ml tube. The

LS or MS Columns were then washed with 3 ml or 6 ml of ice-cold CD4$^+$ T-cell

isolation buffer, respectively, and the flow-through was collected. The newly

isolated CD4$^+$ T cells were then centrifuged at 800 x g for 5 min and resuspended

in RPMI medium supplemented with IL-2 (100 U/ml).

Knockdown of TRIM5α_{hu} expression in Jurkat cells

Lentiviral particles were produced in human 293T cells by co-transfection

of 1 µg TAT, 1 µg REV, 1.5 µg VSVG, 1 µg HDM(codon optimized gag-pol), and

7.5 µg of the lentiviral vector pLKO1, or 7.5 µg the pLKO1 vector containing an

shRNA that targets TRIM5α_{hu} (pLKO1-shRNA-TRIM5α_{hu}). Viruses were

harvested at 48 h post-transfection and used to transduce Jurkat cells for 5 days

at a 1:1 virus to complete media ratio. Transduced cells were selected in 0.15

µg/ml of puromycin. Cells that stably contained pLKO1 or pLKO1-shRNA-

TRIM5α_{hu} were maintained in puromycin. Expression of TRIM5α_{hu} was evaluated

by challenging the cells with N-tropic murine leukemia virus (N-MLV) and B-tropic

murine leukemia virus (B-MLV).

CRISPR-Cas9 RNP Production, CD4+ T Cell Isolation, and Electroporation

Detailed protocols for RNP production and primary CD4+ T cell editing have been previously published (Hultquist et al., 2016). Briefly, lyophilized crRNA and tracrRNA (Dharmacon) were suspended at a concentration of 160 µM in 10 mM Tris-HCL (7.4 pH) with 150 mM KCl. 5µL of 160µM crRNA was mixed with 5µL of 160µM tracrRNA and incubated for 30 min at 37°C. The gRNA:tracrRNA complexes were then mixed gently with 10µL of 40µM Cas9 (UC-Berkeley Macrolab) to form Cas9 ribonucleoproteins (RNPs). Five 3.5µL aliquots were frozen in Lo-Bind 96-well V-bottom plates (E&K Scientific) at -80°C until use. All crRNA guide sequences used in this study were derived from the Dharmacon pre-designed Edit-R library for gene knock-out, including the non-targeting (U-007502, U-007501) and CYPA-targeting guides (CM-004979-01 through CM-004979-05).

Primary human CD4+ T cells from healthy donors were isolated from donated leukoreduction chambers after Trima Apheresis (Blood Centers of the Pacific). Peripheral blood mononuclear cells (PBMCs) were isolated by Ficoll centrifugation using SepMate tubes (STEMCELL, per manufacturer's instructions). Bulk CD4+ T cells were subsequently isolated from PBMCs by magnetic negative selection using an EasySep Human CD4+ T Cell Isolation Kit (STEMCELL, per manufacturer's instructions). Isolated CD4+ T cells were suspended in complete Roswell Park Memorial Institute (RPMI), consisting of RPMI-1640 (Sigma) supplemented with 5mM 4-(2-hydroxyethyl)-1-

piperazineethanesulfonic acid (HEPES, Corning), 2mM Glutamine (UCSF Cell

Culture Facility), 50µg/mL penicillin/streptomycin (P/S, Corning), 5mM sodium

pyruvate (Corning), and 10% fetal bovine serum (FBS, Gibco). Media was

supplemented with 20 IU/mL IL-2 (Miltenyi) immediately before use. For

activation, bulk CD4+ T cells were immediately plated on anti-CD3 coated plates

[coated for 2 hours at 37°C with 20µg/mL anti-CD3 (UCHT1, Tonbo Biosciences)]

in the presence of 5µg/mL soluble anti-CD28 (CD28.2, Tonbo Biosciences). Cells

were stimulated for 72 hours at 37°C / 5% CO_2 prior to electroporation.

Each electroporation reaction consisted of $4x10^5$ T cells, 3.5 µL RNP,

and 20 µL electroporation buffer. After three days of stimulation, cells were

suspended and counted. RNPs were thawed and allowed to come to room-

temperature. Immediately prior to electroporation, cells were centrifuged at 400xg

for 5 minutes, supernatant was removed by aspiration, and the pellet was

resuspended in 20 µL of room-temperature P3 electroporation buffer (Lonza) per

reaction. 20 µL of cell suspension was then gently mixed with each RNP and

aliquoted into a 96-well electroporation cuvette for nucleofection with the 4D 96-

well shuttle unit (Lonza) using pulse code EH-115. Immediately after

electroporation, 80 µL of pre-warmed media without IL-2 was added to each well

and cells were allowed to rest for at least one hour in a 37°C cell culture

incubator. Cells were subsequently moved to 96-well flat-bottomed culture plates

pre-filled with 100 µL warm complete media with IL-2 at 40 IU/mL (for a final

concentration of 20 IU/mL) and anti-CD3/anti-CD2/anti-CD28 beads (T cell

Activation and Stimulation Kit, Miltenyi) at a 1:1 bead:cell ratio. Cells were

cultured at 37°C / 5% CO_2 in a dark, humidified cell culture incubator for 4 days

to allow for gene knock-out and protein clearance, with additional media added

on day 2. To check CYPA knock-out efficiency, 50 µL of mixed culture was

removed to a centrifuge tube. Cells were pelleted, supernatant was removed,

and pellets were resuspended in 100 µL 2.5x Laemmli Sample Buffer. Protein

lysates were heated to 98°C for 20 min before storage at -20°C until Western

blotting (below).

Detection of Late Reverse Transcripts, 2-LTR circles, and integration in

CD4$^+$ T cells

Total DNA was extracted from 1×10^6 infected cells. Samples were

processed at 12, 36, and 66 h post-infection using QIAmp DNA micro kit

(QIAGEN). Viral DNA forms of wild-type and mutant HIV-1 were amplified using

real-time PCR (Butler et al., 2001; Valle-Casuso et al., 2012). β-actin

amplification was used for normalization. LRT, which refers to the whole

synthesis of DNA by HIV-1, were measured at 12 h post-infection. 2-LTR circles

were measured at 36 h post-infection to assess nuclear import. Provirus

integration in cellular genome was measured at 66 h post-infection using Alu-

PCR. Reactions were performed in 1X FastStart Universal Probe Master Mix

(Rox) 2× (Roche) in 20 µl volume. The PCR reaction consisted of the following

steps: initial annealing (50°C 2 min), denaturation step (95°C 15 min), 40 cycles

of amplification (95°C 15 sec, 58°C 30 sec, 72°C 30 sec). Primer or probe

sequences are as follows: LRT MH531: 5'-TGTGTGCCCGTCTGTTGTGT-3';

MH532: 5'-GAGTCCTGCGTCGAGAGAGC-3'; LRT-Probe: 5′-(FAM)-

CAGTGGCGCCCGAACAGGGA-(TAMRA)-3'. 2-LTR circles: MH535: 5'-

AACTAGGGAACCCACTGCTTAAG-3'; MH536: 5′-

TCCACAGATCAAGGATATCTTGTC-3′; 2-LTR probe : MH603: 5'-(FAM)-

ACACTACTTGAAGCACTCAAG-GCAAGCTTT-(TAMRA)-3'. Alu-PCR 1st round :

Alu 1: 5'-TCCCAGCTACTCGGGAGGCTGAGG-3'; Alu 2: 5'-

GCCTCCCAAAGTGCTGGGATTACAG-3'; Lambda U3: 5′-

ATGCCACGTAAGCGAAACTTTCCGCTGGGGACTTTCCAGGG-3′. Alu

quantitative PCR 2nd round: Lambda: (5'-ATGCCACGTAAGCGAAACT-3'); U5:

(5'-CTGACTAAAAGGGTCTGAGG-3'; Probe: 5'-(FAM)-

TTAAGCCTCAATAAAGCTTGCCTTGAGTGC-(TAMRA). β-actin: FX: 5'-

AACACCCCAGCCATGTACGT-3', RX: 5-CGGTGAGGATCTTCATGAGGTAGT,

Actin-Probe: (6FAM)-CCAGCCAGGTCCAGACGCAGGA-(BBQ).

Western blot analysis.

Cells were lysed in lysis buffer (50 mM Tris [pH 8.0], 280 mM NaCl, 0.5%

IGEPAL 40, 10% glycerol, 5 mM MgCl$_2$). Proteins were detected by western blot

using anti-FLAG (1:1,000 dilution; Sigma), anti-hemagglutinin (HA) (1:1,000

dilution; Sigma), anti-CypA (1:5,000 dilution; catalog number ab58144; Abcam),

or anti-glyceraldehyde-3-phosphate dehydrogenase (GAPDH) (1:5,000; Ambion),

or anti-p24 (1:1,000, catalog number 183-H12-5C; NIH) antibodies. Secondary

antibodies against rabbit and mouse IgG conjugated to IRDye 680LT or IRDye

800CW were obtained from Li-Cor (1:10,000 dilution). Bands were detected by

scanning blots using the Li-Cor Odyssey imaging system in the 700-nm or 800-

nm channels.

FIGURE LEGENDS

Figure 1. CypA is important for HIV-1 infection of Jurkat cells. (A) Human

Jurkat cells were challenged with increasing amounts of HIV-1 expressing GFP

as a reporter of infection (HIV-1-GFP) in the presence of 10 µM cyclosporin A

(CsA) (upper panel). DMSO was used as control. Infection was determined at 48

h post-challenge by measuring the percentage of GFP-positive cells using a flow

cytometer. Similar results were obtained from three independent experiments

and a representative experiment is shown. The result of three independent

experiments normalized to wild-type HIV-1-GFP infection with standard deviation

is shown (lower panel). * indicates P-value < 0.005 as determined by the

unpaired t-test. **(B)** Jurkat cells were challenged with increasing amounts of p24-

normalized HIV-1, HIV-1-P90A, or HIV-1-G89V expressing GFP (upper panel).

Infection was determined at 48 h post-challenge by measuring the percentage of

GFP-positive cells using a flow cytometer. Similar results were obtained from

three independent experiments and a representative experiment is shown. The

results of three independent experiments normalized to wild-type HIV-1-GFP

infection with standard deviation is shown (lower panel). * indicates P-value <

0.005, ns indicates not significant as determined by the Two-way ANOVA

Tukey's multiple comparisons test.

Figure 2. TRIM5α$_{hu}$ binds to the HIV-1 core. Human 293T cells were

transfected with plasmids expressing the wild-type human TRIM5α tagged with

an HA epitope (TRIM5α$_{hu}$-HA). At 24 h post-transfection, cells were lysed in

capsid binding buffer (CBB), as described in Materials and Methods. Inputs

containing different amounts of TRIM5α$_{hu}$ were prepared (INPUT). Cell extracts

containing different amounts of TRIM5α$_{hu}$-HA were mixed with 20 µl of stabilized

HIV-1 capsid tubes (5 mg/ml) and incubated for 1 h at room temperature.

Stabilized HIV-1 capsid tubes were collected by centrifugation and washed twice

using CBB. Pellets were resuspended in 1× Laemmli buffer (BOUND). INPUT

and BOUND fractions were analyzed by western blotting using anti-HA and anti-

p24 antibodies. As control, similar experiments were performed using the capsid

binder, rhesus TRIM5α tagged with an HA epitope (TRIM5α$_{rh}$-HA). Each

experiment was repeated at least six times and a representative experiment is

shown.

Figure 3. Expression of TRIM5α$_{hu}$ is necessary for the inhibition of HIV-1

infection caused by the disruption of CypA-capsid interactions. (A) Human

Jurkat cells stably expressing a specific shRNA against TRIM5α$_{hu}$ (Jurkat-

TRIM5α$_{hu}$-KD #1−4) or the empty vector (Jurkat-Control #4 and 5) were

challenged using increasing amounts of N-MLV-GFP, which are restricted by

TRIM5α$_{hu}$. Infection was determined at 48 h post-challenge by measuring the

percentage of GFP-positive cells using a flow cytometer. As a control, similar

infections were performed using B-MLV-GFP viruses, which are not restricted by

TRIM5α$_{hu}$. **(B)** Jurkat-TRIM5α$_{hu}$-knockdown (KD) and Jurkat-control cells were

challenged with increasing amounts of HIV-1-GFP in the presence of cyclosporin

A (CsA). Infection was determined at 48 h post-challenge by measuring the

percentage of GFP-positive cells using a flow cytometer. As a control, similar

experiments were performed using DMSO. **(C)** Jurkat-TRIM5α$_{hu}$-KD and Jurkat-

control cells were challenged with increasing amounts of p24-normalized HIV-1-

GFP or HIV-1-P90A-GFP. Infection was determined at 48 h post-challenge by

measuring the percentage of GFP-positive cells using a flow cytometer. Each

experiment was repeated at least three times and a representative experiment is

shown.

Figure 4. CypA prevents the binding of TRIM5α$_{hu}$ to the HIV-1 core. (A)

Human 293T cells were transfected with plasmids expressing TRIM5α$_{hu}$-HA. At

24 h post-transfection, cells were lysed in capsid binding buffer (CBB) (INPUT).

Cell extracts containing TRIM5α$_{hu}$-HA were mixed with 20 μl of stabilized wild-

type or P90A HIV-1 capsid tubes (5 mg/ml) in the presence of 10 μM CsA.

Mixtures were incubated for 1 h at room temperature. Stabilized HIV-1 capsid

tubes were collected by centrifugation and washed twice using CBB. Pellets were

resuspended in 1X Laemmli buffer (BOUND). INPUT and BOUND fractions were

analyzed by western blotting using anti-HA, anti-CypA, and anti-p24 antibodies.

Experiments were repeated three times and a representative experiment is

shown. The bound fraction relative to input for three independent experiments

with standard deviation is shown. * indicates P-value < 0.005, ns indicates not

significant as determined by the Two-way ANOVA Tukey's multiple comparisons

test. **(B)** Cell extracts containing TRIM5α$_{hu}$-HA were mixed with 20 µl of stabilized

wild-type or P90A HIV-1 capsid tubes (5 mg/ml) in the presence of 10 µg

recombinant CypA. Mixtures were incubated for 1 h at room temperature.

Stabilized HIV-1 capsid tubes were collected by centrifugation and washed twice

using CBB. Pellets were resuspended in 1× Laemmli buffer (BOUND). INPUT

and BOUND fractions were analyzed by western blotting using anti-HA, anti-

CypA, and anti-p24 antibodies. Experiments were repeated three times and a

representative experiment is shown. The bound fraction relative to input for three

independent experiments with standard deviation is shown. * indicates P-value <

0.005, ns indicates not significant as determined by the Two-way ANOVA

Tukey's multiple comparisons test.

Figure 5. HIV-1 viruses bearing a capsid mutant that does not interact with

TRIM5α$_{hu}$ are insensitive to CsA. (A) HIV-1-A92E infection of Jurkat cells.

Jurkat cells were challenged with increasing amounts of p24-normalized HIV-1-

GFP, HIV-1-P90A-GFP (left panel), or HIV-1-A92E-GFP (right panel) in the

presence of 10 µM Cyclosporin A (CsA). DMSO was used as a negative control.

Infection was determined at 48 h post-challenge by measuring the percentage of

GFP-positive cells using a flow cytometer. Experiments were repeated three

times and a representative experiment is shown. **(B)** Binding of CypA to HIV-1

cores bearing the capsid change A92E. Cell extracts from human 293T cells

containing CypA-V5 were mixed with 20 µl of stabilized wild-type or A92E HIV-1

786 capsid tubes (5 mg/ml) in the presence of 10 μM CsA. Mixtures were incubated

787 for 1 h at room temperature. Stabilized HIV-1 capsid tubes were collected by

788 centrifugation and washed twice using capsid binding buffer (CBB). Pellets were

789 resuspended in 1× Laemmli buffer (BOUND). INPUT and BOUND fractions were

790 analyzed by western blotting using anti-V5 and anti-p24 antibodies. Experiments

791 were repeated three times and a representative experiment is shown. The bound

792 fraction relative to input for three independent experiments with standard

793 deviation is shown. **(C)** Binding of TRIM5α_{hu} to HIV-1 cores bearing the capsid

794 change A92E. Similarly, cell extracts containing TRIM5α_{hu}-HA were mixed with

795 20 μl of stabilized wild-type or A92E HIV-1 capsid tubes (5 mg/ml) in the

796 presence of 10 μM CsA. Mixtures were incubated for 1 h at room temperature.

797 Stabilized HIV-1 capsid tubes were collected by centrifugation and washed twice

798 using CBB. Pellets were resuspended in 1× Laemmli buffer (BOUND). INPUT

799 and BOUND fractions were analyzed by western blot using anti-HA and anti-p24

800 antibodies. Experiments were repeated three times and a representative

801 experiment is shown. The bound fraction relative to input for three independent

802 experiments with standard deviation is shown.

804 **Figure 6. CypA-capsid Interactions are required for HIV-1 infection of**

805 **human peripheral blood mononuclear cells (PBMCs) and CD4$^+$ T cells. (A)**

806 PBMCs from two different donors were challenged with increasing amounts of

807 HIV-1-GFP, HIV-1-G89V-GFP, or HIV-1-P90A-GFP. Infection was determined at

808 72 h post-challenge by measuring the percentage of GFP-positive cells.

Experiments were repeated three times per donor and a representative

experiment is shown. **(B)** Purified CD4$^+$ T cells from two different donors were

challenged with increasing amounts of HIV-1-GFP, HIV-1-G89V-GFP, or HIV-1-

P90A-GFP. Infection was determined at 72 h post-challenge by measuring the

percentage of GFP-positive cells. Experiments were repeated three times per

donor and a representative experiment is shown.

Figure 7. Infection of HIV-1 bearing the capsid change A92E, which does

not bind TRIM5α_{hu}, is not affected in human PBMCs and CD4$^+$ T cells. (A)

PBMCs from three different donors were challenged with increasing amounts of

HIV-1-GFP, HIV-1-P90A-GFP, or HIV-1-P92E-GFP. Infection was determined at

72 h post-challenge by measuring the percentage of GFP-positive cells.

Experiments were repeated three times per donor and a representative

experiment is shown. **(B)** CD4$^+$ T cells from three donors were challenged with

increasing amounts of HIV-1-GFP, HIV-1-P90A-GFP, or HIV-1-P92E-GFP.

Infection was determined at 72 h post-challenge by measuring the percentage of

GFP-positive cells. Experiments were repeated three times per donor and a

representative experiment is shown.

Figure 8. Depletion of CypA expression in human CD4$^+$ T cells inhibits HIV-

1 infection. (A) Human primary CD4$^+$ T cells from two different donors were

knocked-out for CypA expression using the CRISPR-Cas9 system, as described

in methods. Briefly, CD4$^+$ T cells were electroporated using five different guide

RNAs (gRNAs) against CypA (gRNA#1-5) together with the Cas9 protein. At 72 h

post-electroporation, endogenous expression of CypA in CD4$^+$ T was analyzed

by western blotting using antibodies against CypA. As controls, we

electroporated a gRNA against CXCR4 and a non-targeting gRNA. Expression of

GAPDH was used as a loading control. Similar results were obtained using two

different donors and a representative blot is shown. **(B)** Human primary CD4$^+$ T

cells depleted for CypA expression were challenged with a replication-competent

HIV-1 expressing GFP as a reporter of infection (HIV-1$_{NL4-3}$-GFP). Infection was

determined at 72 h post-infection by measuring the percentage of GFP-positive

cells. Experiments were performed in triplicates, and results for two different

donors with standard deviation are shown.

Figure 9. CypA-capsid interactions are required for HIV-1 reverse

transcription in human CD4$^+$ T cells. Human primary CD4$^+$ T cells were

challenged with DNase-pretreated HIV-1-GFP, HIV-1-P90A-GFP, or HIV-1-

G89V-GFP at a multiplicity of infection (MOI) < 1.0. Infection was determined by

measuring the percentage of GFP-positive cells using flow cytometry at 72 h

post-challenge **(A)**. In parallel, total DNA was extracted from similar infections at

12, 36, and 72 h post-infection. The DNA samples collected at 12 h post-infection

were used to determine the levels of late reverse transcripts (LRTs) using real-

time PCR **(B)**, as described in methods. As a control, we inhibited reverse

transcription by using 10 μm of Nevirapine (Nev). HIV-1 2-LTR circles, which is

an indirect measure of nuclear import, were quantified using real-time PCR in

DNA samples collected 36 h post-infection **(C)**, as described in methods.

Integrated proviruses were measured by determining the amount of Alu-PCR

(Alu) products using real-time PCR in DNA samples collected at 72 h post-

infection **(D)**, as described in methods. As a control, we inhibited proviral

integration by using 10 µM Raltegravir (Ral). LRT, 2-LTR, and Alu products were

normalized to actin. Results were analyzed using the unpaired t-test. Differences

were considered statistically significant at $P < 0.01$ (**), $P < 0.001$ (***), $P <$

0.0001 (****).

Figure S1. Inhibition of CypA-capsid interactions with CsA restricts HIV-1

infection in PBMCs and CD4$^+$ T cells. (A) PBMCs from three different donors

were challenged with HIV-1-GFP in the presence of increasing concentrations of

CsA. DMSO was used as a control. Infection was determined at 72 h post-

challenge by measuring the percentage of GFP-positive cells. **(B)** CD4$^+$ T cells

from two different donors were challenged with HIV-1-GFP in the presence of 10

µM CsA. DMSO was used as a control. Infection was determined at 72 h post-

challenge by measuring the percentage of GFP-positive cells.

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1050

Figure 1

HIV-1 capsid A14C/E45C: **+ + + - + + + -**
TRIM5α$_{rh}$-HA: **- - - - + + + +**
TRIM5α$_{hu}$-HA: **+ + + + - - - -**

anti-HA

50 kDa-

INPUT

50 kDa-

BOUND

anti-p24

Figure 2

Figure 3

A

Figure 4

B

Figure 4

Figure 5

Figure 6

A

PBMCs

Donor A

Donor B

Donor C

B

CD4$^+$ T cells

Donor A   Donor B

Figure 7

Figure 8

Figure 9

A

Figure S1