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

Notice of Exempt Offering of Securities

OMB APPROVAL

**OMB** 3235-Number: 0076

4.00

Estimated average

burden

hours per

response:

1. Issuer's Identity

**Previous CIK (Filer ID Number)** X None **Entity Type Names** 

0001760542 X Corporation

> Name of Issuer Limited Partnership

**HOOKIPA** Pharma Inc. Limited Liability Company

Jurisdiction of General Partnership **Incorporation/Organization Business Trust DELAWARE** Other (Specify)

Year of Incorporation/Organization

Over Five Years Ago

X Within Last Five Years (Specify Year) 2017

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

HOOKIPA Pharma Inc.

**Street Address 2 Street Address 1** 

430 EAST 29TH STREET 14TH FLOOR

ZIP/PostalCode **Phone Number of Issuer** City **State/Province/Country** 

**NEW YORK NEW YORK** 10016 0114318906360

3. Related Persons

**Last Name** First Name Middle Name

Kandera Reinhard

> **Street Address 1 Street Address 2**

430 EAST 29TH STREET 14TH FLOOR

> State/Province/Country ZIP/PostalCode City

**NEW YORK NEW YORK** 10016

**Relationship:** X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name

Aldag Joern

> **Street Address 1 Street Address 2**

430 EAST 29TH STREET 14TH FLOOR

> City State/Province/Country ZIP/PostalCode

**NEW YORK** 10016 **NEW YORK** 

**Relationship:** X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
van de Winkel Jan

Street Address 1 Street Address 2
430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Seghezzi Graziano

Street Address 1 Street Address 2

430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

van Deventer Sander

Street Address 1 Street Address 2

430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Lambert Paul-Henri

Street Address 1 Street Address 2

430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Lengauer Christoph

Street Address 1 Street Address 2

430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Kelly Michael

Street Address 1 Street Address 2

430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

O'Neill Julie

Street Address 1 Street Address 2

430 EAST 29TH STREET 14TH FLOOR

City State/Province/Country ZIP/PostalCode

NEW YORK NEW YORK 10016

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology
Insurance

Investing Hospitals & Physicians Computers

Investment Banking X Pharmaceuticals Telecommunications
Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel an investment company under Real Estate

an investment company under Real Estate Airlines & Airports the Investment Company

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Energy Other Real Estate

Oil & Gas

Coal Mining

**Electric Utilities** 

Energy Conservation
Environmental Services

Other Energy

5. Issuer Size

Revenue Range OR Aggregate Net Asset Value Range

No Revenues No Aggregate Net Asset Value

\$1 - \$1,000,000 \$1 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$25,000,000

\$25,000,001 -\$100,000,000 \$50,000,001 - \$100,000,000

Over \$100,000,000

X Decline to Disclose
Not Applicable

Over \$100,000,000

Decline to Disclose
Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) X Rule 506(b) Rule 506(c) Securities Act Section 4(a)(5)	Section 3(c)(1) Section 3(c)(2) Section 3(c)(3) Section 3(c)(4) Section 3(c)(5) Section 3(c)(6) Section 3(c)(7)	Section 3(c)(9) Section 3(c)(10) Section 3(c)(11) Section 3(c)(12) Section 3(c)(13) Section 3(c)(14)
7. Type of Filing		

X New Notice Date of First Sale 2019-02-15 First Sale Yet to Occur Amendment

## 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)

X Equity **Pooled Investment Fund Interests** Debt Tenant-in-Common Securities Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security

### 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as Yes X No a merger, acquisition or exchange offer?

Clarification of Response (if Necessary):

### 11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

## 12. Sales Compensation

Recipient

(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None Street Address 1 **Street Address 2** 

Recipient CRD Number X None

City State/Province/Country ZIP/Postal Code

State(s) of Solicitation (select all that apply) All States Foreign/non-US Check "All States" or check individual States

# 13. Offering and Sales Amounts

USD or X Indefinite **Total Offering Amount** 

Total Amount Sold \$37,432,050 USD

Total Remaining to be Sold USD or X Indefinite

### Clarification of Response (if Necessary):

## 14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

### 15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

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 been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

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
HOOKIPA Pharma Inc.	/s/ Joern Aldag	Joern Aldag	President	2019-02-27

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.