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

Estimated average

burden

hours per response:

onse: 4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

None

Entity Type

0001127537 PULMONX X Corporation

Name of Issuer Limited Partnership

Pulmonx Corp

Limited Liability Company

Jurisdiction of<br/>Incorporation/OrganizationGeneral Partnership<br/>Business TrustDELAWAREOther (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Pulmonx Corp

Street Address 1 Street Address 2

700 CHESAPEAKE DRIVE

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

REDWOOD CITY CALIFORNIA 94063 650 934-2600

3. Related Persons

Last Name First Name Middle Name

PALEFSKY HOWARD

Street Address 1 Street Address 2
C/O PULMONX CORP 700 CHESAPEAKE DRIVE

City State/Province/Country ZIP/PostalCode

REDWOOD CITY CALIFORNIA 94063

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

CAMPBELL-WHITE ANNETTE

Street Address 1Street Address 2C/O PULMONX CORP700 CHESAPEAKE DRIVE

City State/Province/Country ZIP/PostalCode

REDWOOD CITY CALIFORNIA 94063

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name **FERRARI RICH Street Address 1 Street Address 2** C/O PULMONX CORP 700 CHESAPEAKE DRIVE ZIP/PostalCode City State/Province/Country REDWOOD CITY **CALIFORNIA** 94063 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name PERKINS, M.D. **RODNEY Street Address 1 Street Address 2** C/O PULMONX CORP 700 CHESAPEAKE DRIVE City State/Province/Country ZIP/PostalCode REDWOOD CITY **CALIFORNIA** 94063 **Relationship:** X Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name SALMON STEVE Street Address 1** Street Address 2 C/O PULMONX CORP 700 CHESAPEAKE DRIVE State/Province/Country ZIP/PostalCode City REDWOOD CITY **CALIFORNIA** 94063 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name BAKER MICHAEL Street Address 1 Street Address 2** C/O PULMONX CORP 700 CHESAPEAKE DRIVE State/Province/Country ZIP/PostalCode City **REDWOOD CITY** 94063 **CALIFORNIA Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name LINDSTRAND **STAFFAN Street Address 1 Street Address 2** C/O PULMONX CORP 700 CHESAPEAKE DRIVE ZIP/PostalCode City State/Province/Country **REDWOOD CITY CALIFORNIA** 94063 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name **MEAD DANA Street Address 1** Street Address 2 C/O PULMONX CORP 700 CHESAPEAKE DRIVE ZIP/PostalCode State/Province/Country City REDWOOD CITY **CALIFORNIA** 94063

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

SCHNEIDER MARTIN

Street Address 1Street Address 2C/O PULMONX CORP700 CHESAPEAKE DRIVE

City State/Province/Country ZIP/PostalCode

REDWOOD CITY CALIFORNIA 94063

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

CRISTINA LAUREN

Street Address 1Street Address 2C/O PULMONX CORP700 CHESAPEAKE DRIVE

City State/Province/Country ZIP/PostalCode

REDWOOD CITY CALIFORNIA 94063

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services

Commercial Banking
Insurance
Hospitals & Physicians

Computers

Investing

Investment Banking

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 the Investment Company

Act of 10403

Commercial

Airlines & Airports

Commercial

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential V Other

Energy Residential X Other

Other Real Estate

Coal Mining

Oil & Gas

5. Issuer Size

Other Energy

**Electric Utilities** 

Energy Conservation
Environmental Services

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 -\$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,001 -\$50,000,001 - \$100,000,000 \$100,000,000 Over \$100,000,000 Over \$100,000,000 X Decline to Disclose Decline to Disclose Not Applicable Not Applicable 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply) Investment Company Act Section 3(c) Rule 504(b)(1) (not (i), (ii) or (iii)) Section 3(c)(1)Section 3(c)(9) Rule 504 (b)(1)(i) Section 3(c)(2)Section 3(c)(10)Rule 504 (b)(1)(ii) Section 3(c)(3)Section 3(c)(11)Rule 504 (b)(1)(iii) Rule 505 Section 3(c)(4)Section 3(c)(12)X Rule 506(b) Section 3(c)(13) Section 3(c)(5)Rule 506(c) Section 3(c)(6) Section 3(c)(14) Securities Act Section 4(a)(5) Section 3(c)(7)7. Type of Filing X New Notice Date of First Sale 2014-03-19 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) **Pooled Investment Fund Interests** X Equity Tenant-in-Common Securities Debt Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities 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 Recipient CRD Number X None (Associated) Broker or Dealer CRD (Associated) Broker or Dealer X None X None Number **Street Address 1 Street Address 2** ZIP/Postal City State/Province/Country Code State(s) of Solicitation (select all that apply)

All

States

Foreign/non-US

Check "All Statesâ€∏ or check individual

States

### 13. Offering and Sales Amounts

Total Offering Amount \$12,000,048 USD or Indefinite

Total Amount Sold \$9,999,998 USD

Total Remaining to be Sold \$2,000,050 USD or 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:

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## 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 Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) 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
Pulmonx Corp	GEOFFREY LEONARD	GEOFFREY LEONARD	SECRETARY	2014-04-01

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.