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** 

# OMB APPROVAL OMB Number: 3235-0076 Estimated average burden hours per response: 4.00

## **Notice of Exempt Offering of Securities**

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Names	X None	Entity Type
0001420565	rames		X Corporation
Name of Issuer			Limited Partnership
AILERON THERAPEUTICS IN	C		
Jurisdiction of Incorporation/O			Limited Liability Company
DELAWARE	- gariization		General Partnership
Year of Incorporation/Organiza	ation		Business Trust
X Over Five Years Ago			Other (Specify)
Within Last Five Years (Sp	nacify Vaar)		
H	cony reary		
Yet to Be Formed			
2. Principal Place of Busines	s and Contact Information		
Name of Issuer			
AILERON THERAPEUTICS IN	С		
Street Address 1		Street Address 2	
738 MAIN STREET		UNIT 398	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
WALTHAM	MASSACHUSETTS	02451	617-995-0900
3. Related Persons			
Last Name	First Name		Middle Name
Alves-Aivado, M.D., Ph.D.	Manuel		
Street Address 1	Street Address 2		
738 Main Street	#398		
City	State/Province/Co	ountry	ZIP/PostalCode
Waltham	MASSACHUSETT	rs	02451
Relationship: X Executive Of	ficer X Director Promoter		
Clarification of Response (if Ne	ecessary):		
Last Name	First Name		Middle Name
Drexler	Susan		L.
Street Address 1	Street Address 2		
738 Main Street	#398		
City	State/Province/Co	ountry	ZIP/PostalCode
Waltham	MASSACHUSETT	r'S	02451
Relationship: X Executive Of	ficer Director Promoter		
Clarification of Response (if Ne	ecessary):		
Last Name	First Name		Middle Name
Windsor, Ph.D.	Brian		
Street Address 1	Street Address 2		
738 Main Street	#398		
City	State/Province/Co	ountry	ZIP/PostalCode
Waltham	MASSACHUSETT	=	02451
Relationship: X Executive Of	ficer Director Promoter		
. Ш			

Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
Ambros	Reinhard	J.	
Street Address 1	Street Address 2		
738 Main Street	#398		
City	State/Province/Country	ZIP/PostalCode	
Waltham	MASSACHUSETTS	02451	
Relationship: Executive Officer X D		02431	
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
von Rickenbach	Josef	H.	
Street Address 1	Street Address 2		
738 Main Street	#398		
City	State/Province/Country	ZIP/PostalCode	
Waltham	MASSACHUSETTS	02451	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessary):			
Land Manna	First Name	Maral Allanda	
Last Name	First Name	Middle Name	
Sigal, M.D., Ph.D.	Nolan		
Street Address 1	Street Address 2		
738 Main Street	#398		
City	State/Province/Country	ZIP/PostalCode	
Waltham	MASSACHUSETTS	02451	
Relationship: Executive Officer X	Promoter Promoter		
Clarification of Response (if Necessary):	_		
Last Name	First Name	Middle Name	
Fairey	William		
<u> </u>			
Street Address 1	Street Address 2		
Street Address 1 738 Main Street	Street Address 2		
738 Main Street	#398	7IP/PostalCode	
738 Main Street City	#398 State/Province/Country	ZIP/PostalCode	
738 Main Street City Waltham	#398 State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02451	
738 Main Street City Waltham Relationship: Executive Officer X	#398 State/Province/Country MASSACHUSETTS Director Promoter		
738 Main Street City Waltham	#398 State/Province/Country MASSACHUSETTS Director Promoter		
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name		
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):	#398 State/Province/Country MASSACHUSETTS Director Promoter	02451	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name	02451	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name Musso	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan	02451	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name Musso Street Address 1	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2	02451	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name Musso Street Address 1 738 Main Street	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398	02451  Middle Name	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name Musso Street Address 1 738 Main Street City	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS	02451  Middle Name  ZIP/PostalCode	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary): Last Name Musso Street Address 1 738 Main Street City Waltham	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter	02451  Middle Name  ZIP/PostalCode	
738 Main Street City Waltham Relationship:  Executive Officer  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter	02451  Middle Name  ZIP/PostalCode	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):  Last Name Musso Street Address 1 738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter	Middle Name  ZIP/PostalCode 02451	
738 Main Street City Waltham Relationship:  Executive Officer  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care	02451  Middle Name  ZIP/PostalCode	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):  Last Name Musso Street Address 1 738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter	Middle Name  ZIP/PostalCode 02451  Retailing	
738 Main Street City Waltham Relationship:  Executive Officer  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care	Middle Name  ZIP/PostalCode 02451  Retailing Restaurants	
738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):  Last Name Musso Street Address 1 738 Main Street City Waltham Relationship: Executive Officer X C Clarification of Response (if Necessary):  4. Industry Group  Agriculture Banking & Financial Services	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care X Biotechnology Health Insurance	Middle Name  ZIP/PostalCode 02451  Retailing Restaurants Technology	
738 Main Street City Waltham Relationship:  Executive Officer  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care X Biotechnology	Middle Name  ZIP/PostalCode 02451  Retailing Restaurants	
738 Main Street City Waltham Relationship:  Executive Officer  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care X Biotechnology Health Insurance Hospitals & Physicians	Middle Name  ZIP/PostalCode 02451  Retailing Restaurants Technology Computers	
738 Main Street City Waltham Relationship:	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals	Middle Name  ZIP/PostalCode 02451  Retailing Restaurants Technology Computers Telecommunications	
738 Main Street City Waltham Relationship:  Executive Officer  CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	#398 State/Province/Country MASSACHUSETTS Director Promoter  First Name Alan Street Address 2 #398 State/Province/Country MASSACHUSETTS Director Promoter  Health Care X Biotechnology Health Insurance Hospitals & Physicians	Middle Name  ZIP/PostalCode 02451  Retailing Restaurants Technology Computers	

ш	an investment company under the Investment Company Act of 1940?  Yes No Other Banking & Financial Services siness Services ergy Coal Mining Electric Utilities Energy Conservation Environmental Services Oil & Gas Other Energy	Real Estate  Commercial  Construction  REITS & Finance  Residential  Other Real Estate		Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel Other	
5. Issu	er Size				
Revent No \$1, \$5, \$25, \$10 Ove	ue Range OR Revenues - \$1,000,000 000,001 - \$5,000,000 0,000,001 - 00,000,000 er \$100,000,000 cline to Disclose t Applicable	Aggregate Net Asse  No Aggregate Net  \$1 - \$5,000,000  \$5,000,001 - \$25  \$25,000,001 - \$5  \$50,000,001 - \$1  Over \$100,000,0  Decline to Disclo  Not Applicable	et Asset \ 5,000,000 50,000,00 .00,000,0	/alue	
6. Fede	eral Exemption(s) and Exclusion(s) Cla	imed (select all that ap	(vla		
RI RI X RI	ule 504(b)(1) (not (i), (ii) or (iii)) ule 504 (b)(1)(i) ule 504 (b)(1)(ii) ule 504 (b)(1)(iii) ule 506(b) ule 506(c) ecurities Act Section 4(a)(5)	Investment Co 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)  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 Nev	w Notice Date of First Sale 2023-11-02 [ endment	First Sale Yet to Occu	ır		
	he Issuer intend this offering to last more	than one year? Yes	X No		
9. Tvne	e(s) of Securities Offered (select all that	apply)			
X Equ Del X Opt X Sec Rig	uity bt tion, Warrant or Other Right to Acquire An curity to be Acquired Upon Exercise of Op ht to Acquire Security	other Security	Tenan Minera	d Investment Fund Interests at-in-Common Securities al Property Securities (describe)	
10. Bus	siness Combination Transaction				

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?

X Yes No

Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 US	SD	
12. Sales Compensation		
Recipient	Recipient CRD Number None	
Clear Street LLC	288933	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
None	None	
Street Address 1	Street Address 2	
4 World Trade Center	150 Greenwich Street, 45th Floor	
City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10007
State(s) of Solicitation (select all that apply) Check "All States" or check individual States  X  All States	Foreign/non-US	
Recipient	Recipient CRD Number None	
Arcadia Securities, LLC	44656	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number $\overline{X}$ None	
None	None	
Street Address 1	Street Address 2	
1370 Avenue of the Americas	29th Floor	
City New York	State/Province/Country NEW YORK	ZIP/Postal Code 10019
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	10013
CONNECTICUT		
TEXAS  NORTH CAROLINA		
NEW YORK		
13. Offering and Sales Amounts		
Total Offering Amount \$18,254,247 USD or Indefinite		
Total Amount Sold \$18,254,247 USD		
Total Remaining to be Sold \$0 USD or Indefinite		
Clarification of Response (if Necessary):		
14. Investors		
	to persons who do not qualify as accredited investors, and	
enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such non-accredited investors who already enter the number of such as a su	or may be sold to persons who do not qualify as accredited	15
investors, enter the total number of investors who already h		15
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finde an estimate and check the box next to the amount.	ers fees expenses, if any. If the amount of an expenditure is no	ot known, provide
Sales Commissions \$752,797 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 habe named as executive officers, directors or promoters in respon		

the ho	v navt	to the	amount
INE NO	X LIGAL	IO INE	amouni

\$0 USD	l  Esti	mate

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
AILERON THERAPEUTICS INC	/s/ Susan L. Drexler	Susan L. Drexler	Interim Chief Financial Officer	2023-11-16

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.

<sup>\*</sup> 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.