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 Number:	3235-007	
Estimated average bure	den	
nours per response:	4.00	

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Names	None	Entity Type
0001442836	MERSANA T	THERAPEUTICS INC	X Corporation
Name of Issuer			Limited Partnership
Mersana Therapeutics, Inc.			Limited Liability Company
Jurisdiction of Incorporation/Organiz	zation		
DELAWARE			General Partnership
Year of Incorporation/Organization			Business Trust
X Over Five Years Ago			Other (Specify)
Within Last Five Years (Specify	Year)		
Yet to Be Formed	,		
2. Principal Place of Business and	Contact Information		
Name of Issuer			
Mersana Therapeutics, Inc.			
Street Address 1		Street Address 2	
840 MEMORIAL DRIVE			
City St	ate/Province/Country	ZIP/PostalCode	Phone Number of Issuer
CAMBRIDGE M.	ASSACHUSETTS	02139	617-498-0020
3. Related Persons			
Last Name	First Name		Middle Name
MOTT	DAVID		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, IN	C. 840 MEMORIAL I	DRIVE	
City	State/Province/Co	ountry	ZIP/PostalCode
CAMBRIDGE	MASSACHUSETT	S	02139
Relationship: Executive Officer	X Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name	First Name		Middle Name
PROTOPAPAS	ANNA		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, IN	C. 840 MEMORIAL I	DRIVE	
City	State/Province/Co	ountry	ZIP/PostalCode
CAMBRIDGE	MASSACHUSETT	S	02139
Relationship: X Executive Officer	X Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name	First Name		Middle Name
JACK	EVA		
Street Address 1	Street Address 2		

840 MEMORIAL DRIVE

C/O MERSANA THERAPEUTICS, INC.

City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE MASSACHUSETTS		02139	
Relationship: X Executive Officer Di	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
BERGSTROM	DONALD		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE		
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE	MASSACHUSETTS	02139	
Relationship: X Executive Officer Di	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
LOWINGER	TIMOTHY		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE		
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE	MASSACHUSETTS	02139	
	rector Promoter	02139	
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
KAUFMAN	MICHAEL	J.	
Street Address 1	Street Address 2	J.	
C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE	ZID/DestalCode	
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE	MASSACHUSETTS	02139	
Relationship: X Executive Officer Di	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
BECK	THOMAS		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE		
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE	MASSACHUSETTS	02139	
Relationship: Executive Officer X Di	rector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
NAYEEM	SARA		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE		
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE	MASSACHUSETTS	02139	
Relationship: Executive Officer X Di	rector Promoter		
Clarification of Response (if Necessary):	_		
Last Name	First Name	Middle Name	
JONES	ELAINE	WILCULE IVAILLE	
Street Address 1	Street Address 2		
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C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE		
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE MASSACHUSETTS		02139	
Relationship: Executive Officer X Dir	ector Promoter		
Clarification of Response (if Necessary):			
Last Name	First Name	Middle Name	
FOSTER	WAYNE		
Street Address 1	Street Address 2		
C/O MERSANA THERAPEUTICS, INC.	840 MEMORIAL DRIVE		
City	State/Province/Country	ZIP/PostalCode	
CAMBRIDGE	MASSACHUSETTS	02139	
Relationship: X Executive Officer Dir	ector Promoter		
Clarification of Response (if Necessary):			
4. Industry Group			
Agriculture	Health Care	Retailing	
Banking & Financial Services	X Biotechnology	Restaurants	
Commercial Banking	Health Insurance		
Insurance	Hospitals & Physicians	Technology	
Investing		Computers	
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		
the Investment Company Act of 1940?	Commercial	Airlines & Airports	
		Lodging & Conventions	
YesNo	Construction		
Other Banking & Financial Service	REITS & Finance	Tourism & Travel Services	
	Residential	Other Travel	
Business Services	Other Real Estate	Other	
Energy	Other Real Estate		
Coal Mining			
Electric Utilities			
Energy Conservation			
Environmental Services			
Oil & Gas			
Other Energy			
5. Issuer Size			
Revenue Range OR	Aggregate Net Asset Va	alue Range	
No Revenues	No Aggregate Net As	sset 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	\$25,000,001 - \$50,000,000	
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000	
Over \$100,000,000	Over \$100,000,000	
X Decline to Disclose	Decline to Disclose	
Not Applicable	Not Applicable	
C. Fardand Franchisco (a) and Frankisco (a) Obsiness	Landra de alla de la completa	
6. Federal Exemption(s) and Exclusion(s) Claimed	I (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)		
Rule 504 (b)(1)(ii)		
Rule 504 (b)(1)(iii)	Section 3(c)(3) Section 3(c)(11)	
Rule 505	Section 3(c)(4) Section 3(c)(12)	
X Rule 506(b)	Section 3(c)(5) Section 3(c)(13)	
Rule 506(c)		
Securities Act Section 4(a)(5)	Section 3(c)(6) Section 3(c)(14)	
	Section 3(c)(7)	
7. Type of Filing		
X New Notice Date of First Sale 2016-06-15	rst Sale Yet to Occur	
Amendment		
2. Describes of Officials		
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 app	lv)	
_		
X Equity	Pooled Investment Fund Interests	
Debt	Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire Anothe	r Security Mineral Property Securities	
Security to be Acquired Upon Exercise of Option,	Warrant or Other Other (describe)	
Right to Acquire Security	Ш	
10. Business Combination Transaction		
Is this offering being made in connection with a busin merger, acquisition or exchange offer?	ness combination transaction, such as a Yes X No	
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside inve	estor \$0 USD	
12. Sales Compensation		
Recipient	Recipient CRD Number X None	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code

State(s) of Solicitation (select all that apply) Check "All States" or check individual States  All States  Foreign/non-US
13. Offering and Sales Amounts
Total Offering Amount \$33,099,988 USD or Indefinite
Total Amount Sold \$33,099,988 USD
Total Remaining to be Sold \$0 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:
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.
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## **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 it 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
Mersana Therapeutics, Inc.	EVA JACK	EVA JACK	CHIEF BUSINESS OFFICER	2016-06-24

## 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.