

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) <a href="#">0001442836</a>	Previous Names <input type="checkbox"/> None <a href="#">MERSANA THERAPEUTICS INC</a>	Entity Type <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Other (Specify)
Name of Issuer <a href="#">Mersana Therapeutics, Inc.</a>		
Jurisdiction of Incorporation/Organization <a href="#">DELAWARE</a>		
Year of Incorporation/Organization <input checked="" type="checkbox"/> Over Five Years Ago <input type="checkbox"/> Within Last Five Years (Specify Year) <input type="checkbox"/> Yet to Be Formed		

**2. Principal Place of Business and Contact Information**

Name of Issuer <a href="#">Mersana Therapeutics, Inc.</a>			
Street Address 1 <a href="#">840 MEMORIAL DRIVE</a>	Street Address 2		
City <a href="#">CAMBRIDGE</a>	State/Province/Country <a href="#">MASSACHUSETTS</a>	ZIP/PostalCode <a href="#">02139</a>	Phone Number of Issuer <a href="#">617-498-0020</a>

**3. Related Persons**

Last Name <a href="#">MOTT</a>	First Name <a href="#">DAVID</a>	Middle Name
Street Address 1 <a href="#">C/O MERSANA THERAPEUTICS, INC.</a>	Street Address 2 <a href="#">840 MEMORIAL DRIVE</a>	
City <a href="#">CAMBRIDGE</a>	State/Province/Country <a href="#">MASSACHUSETTS</a>	ZIP/PostalCode <a href="#">02139</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name <a href="#">PROTOPAPAS</a>	First Name <a href="#">ANNA</a>	Middle Name
Street Address 1 <a href="#">C/O MERSANA THERAPEUTICS, INC.</a>	Street Address 2 <a href="#">840 MEMORIAL DRIVE</a>	
City <a href="#">CAMBRIDGE</a>	State/Province/Country <a href="#">MASSACHUSETTS</a>	ZIP/PostalCode <a href="#">02139</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name <a href="#">JACK</a>	First Name <a href="#">EVA</a>	Middle Name
Street Address 1 <a href="#">C/O MERSANA THERAPEUTICS, INC.</a>	Street Address 2 <a href="#">840 MEMORIAL DRIVE</a>	

City State/Province/Country ZIP/PostalCode  
CAMBRIDGE MASSACHUSETTS 02139

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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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:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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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  
Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name First Name Middle Name  
PARK PETER  
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  Director  Promoter

Clarification of Response (if Necessary):

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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:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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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  Director  Promoter

Clarification of Response (if Necessary):

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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  Director  Promoter

Clarification of Response (if Necessary):

Last Name                                      First Name                                      Middle Name  
 JONES    ELAINE  
 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  Director  Promoter

Clarification of Response (if Necessary):

**4. Industry Group**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Agriculture<br><input type="checkbox"/> Banking & Financial Services<br><input type="checkbox"/> Commercial Banking<br><input type="checkbox"/> Insurance<br><input type="checkbox"/> Investing<br><input type="checkbox"/> Investment Banking<br><input type="checkbox"/> Pooled Investment Fund<br>Is the issuer registered as an investment company under the Investment Company Act of 1940?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Other Banking & Financial Services | <input type="checkbox"/> Health Care<br><input checked="" type="checkbox"/> Biotechnology<br><input type="checkbox"/> Health Insurance<br><input type="checkbox"/> Hospitals & Physicians<br><input type="checkbox"/> Pharmaceuticals<br><input type="checkbox"/> Other Health Care<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Real Estate<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Construction<br><input type="checkbox"/> REITS & Finance<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Other Real Estate | <input type="checkbox"/> Retailing<br><input type="checkbox"/> Restaurants<br><input type="checkbox"/> Technology<br><input type="checkbox"/> Computers<br><input type="checkbox"/> Telecommunications<br><input type="checkbox"/> Other Technology<br><input type="checkbox"/> Travel<br><input type="checkbox"/> Airlines & Airports<br><input type="checkbox"/> Lodging & Conventions<br><input type="checkbox"/> Tourism & Travel Services<br><input type="checkbox"/> Other Travel<br><input type="checkbox"/> Other |
| <input type="checkbox"/> Business Services<br><input type="checkbox"/> Energy<br><input type="checkbox"/> Coal Mining<br><input type="checkbox"/> Electric Utilities<br><input type="checkbox"/> Energy Conservation<br><input type="checkbox"/> Environmental Services<br><input type="checkbox"/> Oil & Gas<br><input type="checkbox"/> Other Energy   |   |   |

**5. Issuer Size**

Revenue Range                      OR                      Aggregate Net Asset Value Range  
 No Revenues                       No Aggregate Net Asset Value

- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- 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))
- Rule 504 (b)(1)(i)
- Rule 504 (b)(1)(ii)
- Rule 504 (b)(1)(iii)
- Rule 505
- Rule 506(b)
- Rule 506(c)
- Securities Act Section 4(a)(5)
- Investment Company Act Section 3(c)
- 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**

- New Notice Date of First Sale 2015-02-20  First Sale Yet to Occur
- Amendment

**8. Duration of Offering**

Does the Issuer intend this offering to last more than one year?  Yes  No

**9. Type(s) of Securities Offered (select all that apply)**

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

**10. Business Combination Transaction**

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

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  None  
 Street Address 1 City State/Province/Country ZIP/Postal Code  
 Recipient CRD Number  None  
 (Associated) Broker or Dealer CRD Number  None

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

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### 13. Offering and Sales Amounts

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Total Offering Amount \$35,450,006 USD or  Indefinite

Total Amount Sold \$10,128,576 USD

Total Remaining to be Sold \$25,321,430 USD or  Indefinite

Clarification of Response (if Necessary):

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### 14. Investors

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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

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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):

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### 16. Use of Proceeds

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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):

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### Signature and Submission

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**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 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	2015-03-03

*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.

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