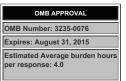
FORM D

Notice of Exempt Offering of Securities

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.



1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	None None	Entity Type
0001266806]		Corporation
Name of Issuer	_		C Limited Partnership
SECOND SIGHT MEDICAL PRODUCTS INC			C Limited Liability Company
Jurisdiction of Incorporation/Organization	-		C General Partnership
CALIFORNIA	7		O Business Trust
Year of Incorporation/Organizatio	⊐)n		C Other
• Over Five Years Ago			
• Within Last Five Years (Specify Year)			

C Yet to Be Formed

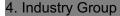
2. Principal Place of Business and Contact Information Name of Issuer SECOND SIGHT MEDICAL PRODUCTS INC Street Address 1 Street Address 2 12744 SAN FERNANDO ROAD, BLDG. 3 City State/Province/Country ZIP/Postal Code Phone No. of Issuer SYLMAR CALIFORNIA

3. Related Persons

Last Name	First Name		Middle Name
Last Name	First Name		Middle Name
Greenberg	Robert		
Street Address 1	S	treet Address 2	
12744 San Fernando Road, Bldg.	3		
City	State/Province/Count	ry	ZIP/Postal Code
Sylmar	CALIFORNIA		91342
	·		
Relationship: Execut	ive Officer	Director	Promoter
Clarification of Response (if Necessary			1
Charmeation of Response (in Recessary)]
Last Name	First Name		Middle Name
Fogerty	Tom		
Street Address 1	S	treet Address 2	
12744 San Fernando Road, Bldg.	3		
City	State/Province/Count	ry	ZIP/Postal Code
Sylmar	CALIFORNIA		91342

<u> </u>	Exec	cutive Officer	Director	Promoter	
Clarification of Pospones	if Nacossi	2 mt/)			
Clarification of Response	(II Ivecess:	ary)			
Last Name		First Name		Middle Name	
London		Kathy			
Street Address 1			Street Address	2	
12744 San Fernando	Road, Bld	g. 3			
City		State/Province	/Country	ZIP/Postal Code	
Sylmar		CALIFORN	IA	91342	
Relationship:	Exec	cutive Officer	Director	Promoter	
Clarification of Response	e (if Necess:	arv)			
		v /			
L <u></u>					
Last Name		First Name		Middle Name	
Mendelsohn		Aaron			
Street Address 1			Street Address	2	
12744 San Fernando	Road, Bld	g. 3			
City		State/Province	/Country	ZIP/Postal Code	
Sylmar		CALIFORN		91342	
Relationship:	Exec	cutive Officer	Director	Promoter	
Clarification of Response	e (if Necess:	arv)			
	·				
Last Name		First Name		Middle Name	
Last Name				Middle Name	
		First Name	Street Address		
Williams	Road, Bld	First Name	Street Address		
Williams Street Address 1	Road, Bld	First Name			_
Williams Street Address 1 12744 San Fernando	Road, Bld	First Name	/Country	2	
Williams Street Address 1 12744 San Fernando City	Road, Bld	First Name Gregg g. 3 State/Province	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City		First Name Gregg g. 3 State/Province	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City Sylmar	Exec	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship:	Exec	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship:	Exec	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship:	Exec	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship:	Exec	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer	/Country	2 ZIP/Postal Code	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship: Clarification of Response	Exec	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer ary)	/Country	2 ZIP/Postal Code 91342 Promoter	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship: Clarification of Response Last Name	Exec	First Name	/Country	2 ZIP/Postal Code DI 91342 Promoter Middle Name	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship: Clarification of Response Last Name Link	e (if Necessa	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer ary) First Name William	/Country IA Director	2 ZIP/Postal Code DI 91342 Promoter Middle Name	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship: Clarification of Response Last Name Link Street Address 1	e (if Necessa	First Name Gregg g. 3 State/Province CALIFORN Cutive Officer ary) First Name William	/Country IA Director Street Address	2 ZIP/Postal Code DI 91342 Promoter Middle Name	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship: Clarification of Response Last Name Link Street Address 1 12744 San Fernando	e (if Necessa	First Name Gregg G. 3 State/Province CALIFORN Cutive Officer ary) First Name William G. 3	/Country IA Director Street Address /Country	2 ZIP/Postal Code 3 91342 Promoter 4 Middle Name 2	
Williams Street Address 1 12744 San Fernando City Sylmar Relationship: Clarification of Response Last Name Link Street Address 1 12744 San Fernando City	e (if Necessa	First Name Gregg g. 3 State/Province CALIFORN CALIFORN First Name First Name Killiam g. 3 State/Province	/Country IA Director Street Address /Country	ZIP/Postal Code	

Last Name	First Name		Middle Name
Mann	Alfred		
Street Address 1		Street Address 2	
12744 San Fernando Road, Bldg.	3		
City	State/Province/Cour	ntry	ZIP/Postal Code
Sylmar	CALIFORNIA		91342
Relationship: Execut	ive Officer	Director	Promoter
Clarification of Response (if Necessary)		
5			



C Agriculture

Banking & Financial Services

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund
- Other Banking & Financial C Services

C Business Services

Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

5. Issuer Size

Revenue Range

- C No Revenues
- C \$1 - \$1,000,000
- C \$1,000,001 - \$5,000,000
- C \$5,000,001 - \$25,000,000
- \$25,000,001 \$100,000,000 C
- C Over \$100,000,000
- (C) Decline to Disclose
- C Not Applicable

- Health Care
- Biotechnology
 - C Health Insurance
 - C Hospitals & Physicians C
 - Pharmaceuticals 0
 - Other Health Care

C Manufacturing

- Real Estate C Commercial
- C Construction
- C **REITS & Finance**
- C Residential

0

0

C

0

0

C

C

0

C Other Real Estate

- C Retailing
- C Restaurants
 - Technology
 - C Computers
 - C Telecommunications
 - C Other Technology

Travel

- C Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel
- C Other

Aggregate Net Asset Value Range

\$1 - \$5,000,000

No Aggregate Net Asset Value

\$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 505	
	Rule 504 (b)(1)(i)	Rule 506(b)	
Π	Rule 504 (b)(1)(ii)	Rule 506(c)	

Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)
	Investment Company Act Section 3(c)

7. Type of Filing

☑ New Notice Date of First Sale

First Sale Yet to Occur

☐ Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

C Yes © No

9.	Type(s) of Securitie	es (Offered (select all that apply)
П	Pooled Investment Fund Interests	•	Equity
\square	Tenant-in-Common Securities	Г	Debt
	Mineral Property Securities	Γ	Option, Warrant or Other Right to Acquire Another Security
	Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Π	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? C Yes ightarrow No

Clarification of Response (if Necessary)

11. Minimum Investment	
Minimum investment accepted from any outside \$	0000 USD
12. Sales Compensation	
Recipient	Recipient CRD Number
(Associated) Broker or Dealer 🔽 None	(Associated) Broker or Dealer CRD None
Street Address 1	Street Address 2
City State	/Province/Country ZIP/Postal Code
State(s) of Solicitation	All States

13. Offering and Sales Amounts

 Total Offering Amount
 \$
 5000000
 □
 Indefinite

 Total Amount Sold
 \$
 0
 USD
 □

Total Remaining to be \$ 5000000 USD
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, 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 & Finders' 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. \$ 300000 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, 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 the issuer maintains its principal place of business or any State in which the state in which the issuer maintains its principal place of business or any State in which the state in which the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in which the issuer maintains is principal place of business or any State in which the state in which the issuer maintains is principal place of business or any State in which the issuer maintains is principal place of business or any State in which the state in which the issuer maintains is principal place business or any State in which the state in which the issuer maintains is principal place business or any State in which the issuer maintains is principa
- 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
SECOND SIGHT MEDICAL PRODUCTS INC	MARC PAUL JACOBS	MARC PAUL JACOBS	TRANSFER AGENT	2011-07-29