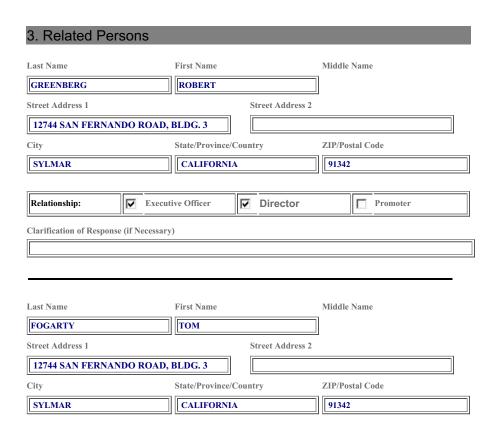


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours
per response: 4.0

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	▼ None	Entity Type
0001266806			© Corporation
Name of Issuer	_		C Limited Partnership
SECOND SIGHT MEDICAL PRODUCTS INC			C Limited Liability Company
Jurisdiction of Incorporation/Organization	-		General Partnership
CALIFORNIA			C 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 MEDI	CAL 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 91342 818-833-5000				



Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Respon	se (if Necessar	y)				
Last Name		First Name		Middle	Name	
LONDON		KATHY		7	1 Willie	
Street Address 1			Street Address 2			
12744 SAN FERNA	NDO ROAD,	BLDG. 3				
City		State/Province/	Country	ZIP/Pos	stal Code	
SYLMAR		CALIFORNI	A	91342		
,-		. [-				
Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Respor	ise (if Necessar	y)				
Last Name		First Name		Middle	Name	
MENDELSOHN		AARON				
Street Address 1	NDO DO LD	NI DC 4	Street Address 2			
12744 SAN FERNA	NDO ROAD,		Ct	ZID/D	(1C.1.	
City		State/Province/		91342	stal Code	
SYLMAR		CALIFORNI	<u>A</u>	91342		
Relationship:	Execu	tive Officer	✓ Director		Promoter	
Clarification of Respor	ise (if Necessar	v)	<u> </u>			
	, ,					
Last Name		First Name		Middle	Name	
WILLIAMS		GREGG				
Street Address 1			Street Address 2			
12744 SAN FERNA	NDO ROAD,					
City		State/Province/		1 -	stal Code	
SYLMAR		CALIFORNI	A	91342		
Relationship:	Execu	tive Officer	☑ Director		Promoter	
Clarification of Respon	se (if Necessar	v)				
эт теори		v /				
Last Name		First Name		Middle	Name	
LINK		WILLIAM				
Street Address 1			Street Address 2			
12744 SAN FERNA	NDO ROAD,	BLDG. 3				
City		State/Province/	Country	ZIP/Pos	stal Code	
SYLMAR		CALIFORNI	A	91342		
Relationship:	Execu	tive Officer	□ Director		Promoter	

First Name Middle	Name
ALFRED	
Street Address 2	
BLDG. 3	
State/Province/Country ZIP/Pos	tal Code
CALIFORNIA 91342	
ve Officer Director	Promoter
T. W. G.	
Health Care C Re	tailing
7	estaurants
	chnology
_ C	Computers
	Telecommunications
o c	Other Technology
Tr	avel
C Manufacturing	Airlines & Airports
	Lodging & Conventions
C	Tourism & Travel Services
	Other Travel
C Residential C Of	her
C Other Real Estate	
20020	Range
No Aggregate Net A	sset Value
C \$1 - \$5,000,000	
8.00	,000
7.00	
\$50,000,001 - \$100,0	000,000
Over \$100,000,000	
P <u>=</u> 0	
C Decline to Disclose	
C Decline to Disclose C Not Applicable	
1 = 1	
C Not Applicable	(select all that
1 = 1	(select all that
S) and Exclusion(s) Claimed	(select all that
C Not Applicable	(select all that
	Street Address 2 BLDG. 3 State/Province/Country CALIFORNIA Plast Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction REITS & Finance Residential Other Real Estate No Aggregate Net Asset Value I No Aggregate Net Asset Value I Si - S5,000,000 S5,000,001 - \$25,000

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 Sa	ale 2013-09-28 First Sale Yet to Occur	
▼ Amendment		
8. Duration of Offering		
Does the Issuer intend this offering to l	last more than one year? C Yes 6 No	
9. Type(s) of Securities	s Offered (select all that apply)	
- Pooled Investment Fund	✓ Equity	
Tenant-in-Common Securities	☐ Debt	
Mineral Property Securities	Option, Warrant or Other Right to Acquire Another Security	
Security to be Acquired Upon Exercise of Option, Warrant or	Other (describe)	
Other Right to Acquire Security		
10. Business Combina	tion Transaction	
Is this offering being made in connection transaction, such as a merger, acquisition	on with a business combination C Vos O No	
Clarification of Response (if Necessary		
11. Minimum Investme		
Minimum investment accepted from an investor	ny outside \$ 1000 USD	
40. 0-1 0		
12. Sales Compensation	10.00	
Recipient	Recipient CRD Number None	
(Associated) Broker or Dealer	(Associated) Broker or Dealer CRD	
(Associated) broker or Dealer	None Number None	
Street Allers 1	Start Allian 2	
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 \$\[\] \[\] \[\] \[\] \[\]	USD Indefinite	
Total Amount Sold \$\[\begin{align*} \begin{align*} \textbf{1100000} \\ \textbf{11000000} \end{align*}	USD	

Total Remaining to be \$ 1000000 USD □ 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, 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
10. Calco Commisciono a l'indolo i coe Exponece
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 \$ 150000 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.
\$ 250000 USD Estimate
Clarification of Response (if Necessary)
n II

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 offeroes
- 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 T		Title	Date
SECOND SIGHT MEDICAL PRODUCTS INC	MARC PAUL JACOBS	MARC PAUL JACOBS	TRANSFER AGENT	2014-07-18