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	ר		C Business Trust
Year of Incorporation/Organizati	on		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 State/Province/Country ZIP/Postal Code Phone No. of Issuer SYLMAR CALIFORNIA

## 3. Related Persons

Last Name	First Name		Middle Name
McGuire	Jonathan		Will
Street Address 1		Street Address 2	
12744 San Fernando Road		Suite 400	
City	State/Province/O	Country	ZIP/Postal Code
Sylmar	CALIFORNIA	۱.	91342
Relationship: Exec	utive Officer	Director	Promoter
Clarification of Response (if Necessa	ry)	·	
	• /		
Last Name	First Name		Middle Name
Blake	John		Τ.
Street Address 1		Street Address 2	-
12744 SAN FERNANDO ROAI		SUITE 400	
City	State/Province/O	Country	ZIP/Postal Code
SYLMAR	CALIFORNIA	<b>\</b>	91342

Relationship:	F B	Executive Officer	Director	Promoter	
Clarification of Respons	se (if Nec	essarv)			
Last Name		First Name		Middle Name	
Williams		Gregg			
Street Address 1			Street Address 2	2	
12744 SAN FERNA	NDO RO	DAD	SUITE 400		
City		State/Province	e/Country	ZIP/Postal Code	
SYLMAR		CALIFORN	IA	91342	
Relationship:	F	Executive Officer	Director	Promoter	
Clarification of Respons	se (if Nec	essary)			
Last Name		First Name		Middle Name	
Link		William			
Street Address 1			Street Address 2	2	
12744 SAN FERNAI	NDO RO		SUITE 400	-	
				ZIP/Postal Code	
City		State/Province	/Country	ZIP/Postal Code	
SYLMAR		CALIFORN	TA	01242	1
L		CALIFORN	IA	91342	
Relationship:	F	CALIFORN	IA Director	91342 Promoter	
Relationship:	4	Executive Officer			
Relationship:	4	Executive Officer			
Relationship:	4	Executive Officer			
Relationship: Clarification of Respons	4	Executive Officer essary)		Promoter	
Relationship: Clarification of Respons	4	Executive Officer essary) First Name			
Relationship: Clarification of Respons	4	Executive Officer essary)	Director	Middle Name	
Relationship: Clarification of Respons Last Name Mendelsohn Street Address 1	se (if Nec	Executive Officer essary) First Name	Street Address 2	Middle Name	
Relationship: Clarification of Respons Last Name Mendelsohn Street Address 1 12744 SAN FERNAT	se (if Nec	Executive Officer essary) First Name	Street Address 2	Middle Name	
Relationship: Clarification of Respons Last Name Mendelsohn Street Address 1 12744 SAN FERNAI City	se (if Nec	Executive Officer essary) First Name Aaron DAD State/Province	Street Address 2	Middle Name	
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Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNAI         City         SYLMAR         Clarification of Respons         Last Name         Last Name		Executive Officer essary) First Name Aaron DAD State/Province State/Province Executive Officer essary)	Street Address 2 Street Address 2 Street Address 2 SUITE 400 Country IA	Middle Name  ZIP/Postal Code  [91342 Promoter	
Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNAT         City         SYLMAR         Relationship:         Clarification of Respons         Last Name         Pfeffer		Executive Officer Executive Officer CALIFORN Executive Officer Executive Officer Executive Officer Executive Officer Executive Officer	Street Address 2 Street Address 2 SUITE 400 //Country IA Director	Middle Name   ZIP/Postal Code   91342     Promoter   Middle Name	
Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNAI         City         SYLMAR         Clarification of Respons         Last Name         Pfeffer         Street Address 1	se (if Nec	Executive Officer essary) First Name Aaron State/Province CALIFORN Executive Officer essary) First Name	Street Address 2	Middle Name   ZIP/Postal Code   91342     Promoter   Middle Name	
Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNA1         City         SYLMAR         Relationship:         Clarification of Respons         Last Name         Pfeffer         Street Address 1         12744 SAN FERNA1	se (if Nec	Executive Officer essary) First Name Aaron State/Province State/Province Executive Officer essary) First Name Name Matthew	Street Address 2	Middle Name  ZIP/Postal Code  I 91342  Promoter  Middle Name  Middle Name	
Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNAL         City         SYLMAR         Clarification of Respons         Last Name         Pfeffer         Street Address 1         12744 SAN FERNAL	se (if Nec	Executive Officer essary) First Name Aaron State/Province Executive Officer essary) First Name First Name Matthew	Street Address 2 SUITE 400 Country IA Street Address 2	Middle Name ZIP/Postal Code Middle Name ZIP/Postal Code	
Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNA1         City         SYLMAR         Relationship:         Clarification of Respons         Last Name         Pfeffer         Street Address 1         12744 SAN FERNA1	se (if Nec	Executive Officer essary) First Name Aaron State/Province State/Province Executive Officer essary) First Name Name Matthew	Street Address 2 SUITE 400 Country IA Street Address 2	Middle Name  ZIP/Postal Code  I 91342  Promoter  Middle Name  Middle Name	
Relationship:         Clarification of Respons         Last Name         Mendelsohn         Street Address 1         12744 SAN FERNAL         City         SYLMAR         Clarification of Respons         Last Name         Pfeffer         Street Address 1         12744 SAN FERNAL	se (if Nec	Executive Officer essary) First Name Aaron State/Province Executive Officer essary) First Name First Name Matthew	Street Address 2 SUITE 400 Country IA Street Address 2	Middle Name ZIP/Postal Code Middle Name ZIP/Postal Code	

#### 4. Industry Group

### 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

# Biotechnology

- 0 Health Insurance
- Hospitals & Physicians 0

Health Care

C Manufacturing

**Real Estate** 

0

C Commercial

C Construction

C REITS & Finance

C Other Real Estate

Residential

- 0 Pharmaceuticals
- Other Health Care 0
- C Restaurants Technology

C Retailing

- C Computers
  - C Telecommunications
  - C Other Technology

#### Travel

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

#### C Other

5. Issuer Size

#### **Revenue Range**

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

- C No Aggregate Net Asset Value
- C \$1 - \$5,000,000
- C \$5,000,001 - \$25,000,000
- \$25,000,001 \$50,000,000 C
- C \$50,000,001 - \$100,000,000
- 0 Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

<ol><li>Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)</li></ol>						
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505					
Rule 504 (b)(1)(i)	Rule 506(b)					
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)						

2018-12-12

#### Type of Filing 7.

New Notice Date of First Sale First Sale Yet to Occur

Amendment



9.	. Type(s) of Securities Offered (select all that apply)						
Γ	Pooled Investment Fund Interests	•	Equity				
$\square$	Tenant-in-Common Securities	$\square$	Debt				
Γ	Mineral Property Securities	Γ	Option, Warrant or Other Right to Acquire Another Security				
Γ	Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Γ	Other (describe)				

C Ves © No

# 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  $\bullet$  No

Clarification of Response (if Necessary)

11. Minimum Investment		
Minimum investment accepted from any outside investor	\$ 1000000	USD

12. Sales Compensation	
Recipient	Recipient CRD Number 🔲 None
(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. 0	13. Offering and Sales Amounts					
	<u> </u>					
Total Of	ffering Amount \$ 2999991 USD 🗆 Indefi	nite				
Total Aı	nount Sold \$ 2999991 USD					
Total Re Sold	emaining to be \$ 0 Indefi	inite				
Clarifica	ation of Response (if Necessary)					
14. I	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 to persons who do not qualify as accredited investors, enter the t number of investors who already have invested in the offering:					

#### 15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sale expenditure is not known, provide an e						
Sales Commissions	6	USD	Estimate			
Finders' Fees	6	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.

#### 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 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
SECOND SIGHT MEDICAL PRODUCTS INC	/s/ John T. Blake	John T. Blake	Chief Financial Officer	2018-12-20