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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)	Previous Names <input type="checkbox"/> None	Entity Type
<a href="#">0001327273</a>	<a href="#">480 Biomedical, Inc.</a>	<input checked="" type="checkbox"/> Corporation
Name of Issuer	<a href="#">Arsenal Vascular, Inc.</a>	<input type="checkbox"/> Limited Partnership
<a href="#">Lyra Therapeutics, Inc.</a>	<a href="#">Arsenal Medical, Inc.</a>	<input type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="checkbox"/> General Partnership
<a href="#">DELAWARE</a>		<input type="checkbox"/> Business Trust
Year of Incorporation/Organization		<input type="checkbox"/> Other (Specify)
<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="#">Lyra Therapeutics, Inc.</a>			
Street Address 1	Street Address 2		
<a href="#">480 Arsenal Way</a>			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>	<a href="#">617-373-4600</a>

**3. Related Persons**

Last Name	First Name	Middle Name
<a href="#">Waksal, M.D.</a>	<a href="#">Harlan</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
<a href="#">Palasis, Ph.D.</a>	<a href="#">Maria</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
<a href="#">Cavalier</a>	<a href="#">Jason</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
<a href="#">Altman</a>	<a href="#">Michael</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
<a href="#">Anderson</a>	<a href="#">Edward</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
<a href="#">Merrifield</a>	<a href="#">C.</a>	<a href="#">Ann</a>
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
<a href="#">Poukalov</a>	<a href="#">Konstantin</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
<a href="#">Smith</a>	<a href="#">W.</a>	<a href="#">Bradford</a>
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
<a href="#">Snyderman, M.D., FACS</a>	<a href="#">Nancy</a>	
Street Address 1	Street Address 2	
<a href="#">c/o Lyra Therapeutics, Inc.</a>	<a href="#">480 Arsenal Way</a>	
City	State/Province/Country	ZIP/PostalCode
<a href="#">Watertown</a>	<a href="#">MASSACHUSETTS</a>	<a href="#">02472</a>
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
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Tobin James R.  
Street Address 1 Street Address 2  
c/o Lyra Therapeutics, Inc. 480 Arsenal Way  
City State/Province/Country ZIP/PostalCode  
Watertown MASSACHUSETTS 02472  
Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name First Name Middle Name  
Bishop, Ph.D. John  
Street Address 1 Street Address 2  
c/o Lyra Therapeutics, Inc. 480 Arsenal Way  
City State/Province/Country ZIP/PostalCode  
Watertown MASSACHUSETTS 02472  
Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name First Name Middle Name  
Nieman, M.D. Richard  
Street Address 1 Street Address 2  
c/o Lyra Therapeutics, Inc. 480 Arsenal Way  
City State/Province/Country ZIP/PostalCode  
Watertown MASSACHUSETTS 02742  
Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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#### 4. Industry Group

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

#### 5. Issuer Size

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- |  |    |   |
|--|----|---|
| Revenue Range                                      | OR | Aggregate Net Asset Value Range                       |
| <input type="checkbox"/> No Revenues               |    | <input type="checkbox"/> No Aggregate Net Asset Value |
| <input type="checkbox"/> \$1 - \$1,000,000         |    | <input type="checkbox"/> \$1 - \$5,000,000            |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000 |    | <input type="checkbox"/> \$5,000,001 - \$25,000,000   |

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

- \$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 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 2023-05-25  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 Cantor Fitzgerald & Co. (Associated) Broker or Dealer <input checked="" type="checkbox"/> None None	Recipient CRD Number <input type="checkbox"/> None 134 (Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None None	
Street Address 1 110 E. 59th Street	Street Address 2 4th Floor	
City New York	State/Province/Country NEW YORK	ZIP/Postal Code 10022
State(s) of Solicitation (select all that apply) Check "All States" or check individual States <input checked="" type="checkbox"/> All States	<input type="checkbox"/> Foreign/non-US	

Recipient William Blair & Company, L.L.C.	Recipient CRD Number <input type="checkbox"/> None 1252
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(Associated) Broker or Dealer  None

None

Street Address 1

The William Blair Building

City

Chicago

State(s) of Solicitation (select all that apply)

Check "All States" or check individual States  All States

(Associated) Broker or Dealer CRD Number  None

None

Street Address 2

150 North Riverside

State/Province/Country

ILLINOIS

ZIP/Postal Code

60606

Recipient

H.C. Wainwright & Co., LLC

(Associated) Broker or Dealer  None

None

Street Address 1

430 Park Avenue

City

New York

State(s) of Solicitation (select all that apply)

Check "All States" or check individual States  All States

Recipient CRD Number  None

375

(Associated) Broker or Dealer CRD Number  None

None

Street Address 2

4th Floor

State/Province/Country

NEW YORK

ZIP/Postal Code

10022

### 13. Offering and Sales Amounts

Total Offering Amount \$50,000,008 USD or  Indefinite

Total Amount Sold \$50,000,008 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:

24

### 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 \$3,100,000 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.

#### 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 the issuer 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 Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) 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
Lyra Therapeutics, Inc.	/s/ Maria Palasis, Ph.D.	Maria Palasis, Ph.D.	President and Chief Executive Officer	2023-06-09

*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.