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

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

Estimated average

burden

hours per response:

4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

X None

Entity Type

0001733257 X Corporation
Name of Issuer Limited Par

Name of Issuer

Limited Partnership
Finch Therapeutics Group, Inc.

Limited Liability Co

eutics Group, Inc.

Limited Liability Company

General Partnership

Incorporation/Organization

DELAWARE

Business Trust
Other (Specify)

Year of Incorporation/Organization

Over Five Years Ago

X Within Last Five Years (Specify Year) 2017

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Finch Therapeutics Group, Inc.

Street Address 1 Street Address 2

200 INNER BELT ROAD

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

SOMERVILLE MASSACHUSETTS 02143 617-229-6499

3. Related Persons

Last Name First Name Middle Name

Smith Mark

Street Address 1 Street Address 2

200 Inner Belt Road c/o Finch Therapeutics Group, Inc.

City State/Province/Country ZIP/PostalCode

Somerville MASSACHUSETTS 02143

**Relationship:** X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Noh Andrew

Street Address 1 Street Address 2

200 Inner Belt Road c/o Finch Therapeutics Group, Inc.

City State/Province/Country ZIP/PostalCode

Somerville MASSACHUSETTS 02143

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name Enerson Benjamin **Street Address 1 Street Address 2** 200 Inner Belt Road c/o Finch Therapeutics Group, Inc. State/Province/Country ZIP/PostalCode City Somerville **MASSACHUSETTS** 02143 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Kassam Zain **Street Address 1 Street Address 2** 200 Inner Belt Road c/o Finch Therapeutics Group, Inc. City State/Province/Country ZIP/PostalCode Somerville **MASSACHUSETTS** 02143 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name Burgess James Street Address 1** Street Address 2 200 Inner Belt Road c/o Finch Therapeutics Group, Inc. State/Province/Country ZIP/PostalCode City Somerville **MASSACHUSETTS** 02143 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Mulderry Andrew **Street Address 1 Street Address 2** 200 Inner Belt Road c/o Finch Therapeutics Group, Inc. State/Province/Country ZIP/PostalCode City Somerville **MASSACHUSETTS** 02143 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Chris Lange **Street Address 1 Street Address 2** 200 Inner Belt Road c/o Finch Therapeutics Group, Inc. City State/Province/Country ZIP/PostalCode Somerville **MASSACHUSETTS** 02143 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name R. J. Price **Street Address 1 Street Address 2** 200 Inner Belt Road c/o Finch Therapeutics Group, Inc. ZIP/PostalCode State/Province/Country City Somerville **MASSACHUSETTS** 02143

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Smisek Jeffery A.

Street Address 1 Street Address 2

200 Inner Belt Road c/o Finch Therapeutics Group, Inc.

City State/Province/Country ZIP/PostalCode

Somervlle MASSACHUSETTS 02143

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services X Biotechnology Restaurants
Commercial Banking Health Insurance Technology
Insurance

Investing Hospitals & Physicians Computers

Investment Banking Pharmaceuticals Telecommunications
Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under the Investment Company

Real Estate Airports

Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Energy Other Real Estate

Energy Conservation

Oil & Gas

Act of 1940?

Coal Mining

**Electric Utilities** 

**Environmental Services** 

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 - \$5,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$25,000,000

\$25,000,001 -\$100,000,000 \$50,000,001 - \$100,000,000

Over \$100,000,000

X Decline to Disclose
Not Applicable

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))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i)	Section 3(c)(	(1)	Section 3(c)(9)	
Rule 504 (b)(1)(ii)	Section 3(c)(	(2)	Section 3(c)(10)	
Rule 504 (b)(1)(iii)	Section 3(c)(	(3)	Section 3(c)(11)	
Rule 506(b) X Rule 506(c)	Section 3(c)(	(4)	Section 3(c)(12)	
Securities Act Section 4(a)(5)	Section 3(c)	(5)	Section 3(c)(13)	
	Section 3(c)	(6)	Section 3(c)(14)	
	Section 3(c)(	7)		
7. Type of Filing				
X New Notice Date of First Sale 2018-02-20 Find Amendment	irst Sale Yet to	Occur		
8. Duration of Offering				
Does the Issuer intend this offering to last more tha	n one year?	Yes X No		
9. Type(s) of Securities Offered (select all that apply	y)			
X Equity Debt Option, Warrant or Other Right to Acquire Another Se				
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security  X Other (describe)				
	I	Preferred St	ock and Common Stock underlying	ng thereto
10. Business Combination Transaction				
Is this offering being made in connection with a bu a merger, acquisition or exchange offer?	siness combina	tion transact	ion, such as Yes X No	
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside in	vestor \$0 USD			
12. Sales Compensation				
Recipient	Recipi	ent CRD N	umber X None	
(Associated) Broker or Dealer X None (Associated)		ssociated) Broker or Dealer CRD Number X None		
Street Address 1			Street Address 2	
City	State/P	rovince/Co	untry	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	l States Fore	ign/non-US		
13. Offering and Sales Amounts				
Total Offering Amount \$36,399,996 USD or	Indefinite			

Clarification of Response (if Necessary):

\$36,399,996 USD

14. Investors

Total Amount Sold

Total Remaining to be Sold

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

\$0 USD or Indefinite

## 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 \$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.

\$0 USD Estimate

Clarification of Response (if Necessary):

Proceeds to be used for general working capital purposes.

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
Finch Therapeutics Group, Inc.	/s/ Benjamin Enerson	Benjamin Enerson	General Counsel and VP of Legal	2018-03-05

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

ndertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's reservation of their anti-fraud authority.					