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**

OMB APPROVAL OMB Number: 3235-0076 Estimated average burden hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity			
	Previous	П.,	
CIK (Filer ID Number)	Names	None	Entity Type
<u>0001904286</u>	MIRA Pharmac	euticals,	X Corporation
Name of Issuer	Inc.		Limited Partnership
Mira1a Therapeutics, Inc.			Limited Liability Company
Jurisdiction of Incorporation/Organ	ization		H
FLORIDA			☐ General Partnership
Year of Incorporation/Organization			Business Trust
Over Five Years Ago			Other (Specify)
X Within Last Five Years (Specify	Year) 2020		_
Yet to Be Formed			
2. Principal Place of Business an	d Contact Information		
Name of Issuer			
Mira1a Therapeutics, Inc.			
Street Address 1		Street Address 2	
855 N WOLFE STREET #601			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
BALTIMORE	MARYLAND	21205	813-864-2562
3. Related Persons			
Last Name	First Name		Middle Name
Uzonwanne	Jude		
Street Address 1	Street Address 2		
855 N Wolfe Street, Suite 601			
City	State/Province/Cour	ntry	ZIP/PostalCode
Baltimore	MARYLAND		21205
Relationship: X Executive Officer	DirectorPromoter		
Clarification of Response (if Neces	sary):		
Last Name	First Name		Middle Name
Kaplin, MD, PhD	Adam		
Street Address 1	Street Address 2		
855 N Wolfe Street, Suite 601			
City	State/Province/Cour	ntry	ZIP/PostalCode
Baltimore	MARYLAND		21205
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	sary):		
Last Name	First Name		Middle Name
Silverman	Josh		
Street Address 1	Street Address 2		
855 N Wolfe Street, Suite 601			
City	State/Province/Cour	ntry	ZIP/PostalCode
Baltimore	MARYLAND		21205
Relationship: Executive Officer	X Director Promoter		

Last Name First Name Middle Name Chapman, MD Chris Street Address 1 Street Address 2 855 N Wolfe Street, Suite 601 State/Province/Country City ZIP/PostalCode Baltimore MARYLAND 21205 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): First Name Middle Name Last Name Vorhoff Dave Street Address 1 Street Address 2 855 N Wolfe Street, Suite 601 City State/Province/Country ZIP/PostalCode MARYLAND 21205 **Baltimore** Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Middle Name First Name Last Name Kroenig Brad Street Address 2 Street Address 1 855 N Wolfe Street, Suite 601 City State/Province/Country ZIP/PostalCode Baltimore **MARYLAND** 21205 Relationship: | Executive Officer X Director | Promoter Clarification of Response (if Necessary): First Name Middle Name Last Name McColl III Hugh Street Address 2 Street Address 1 855 N Wolfe Street, Suite 601 City State/Province/Country ZIP/PostalCode Baltimore **MARYLAND** 21205 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Middle Name First Name Last Name Tuck, JD Talhia Street Address 2 Street Address 1 855 N Wolfe Street, Suite 601 State/Province/Country ZIP/PostalCode Baltimore MARYLAND 21205 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name Rivard, ESO Paul Street Address 2 Street Address 1 855 N Wolfe Street, Suite 601 City State/Province/Country ZIP/PostalCode Baltimore MARYLAND 21205 Relationship: X Executive Officer | Director | Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name McNulty, CPA James

Street Address 2

Clarification of Response (if Necessary):

Street Address 1

855 N Wolfe Street, Suite 601 City Baltimore Relationship: X Executive Officer Director	State/Province/Country MARYLAND Promoter	ZIP/PostalCode 21205	
Clarification of Response (if Necessary):			
4. Industry Group			
Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No Other Banking & Financial Services Business Services Energy Coal Mining Electric Utilities Energy Conservation Environmental Services Oil & Gas Other Energy	Health Care Biotechnology Health Insurance Hospitals & Physicians X Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction REITS & Finance Residential Other Real Estate	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel Other	
5. Issuer Size			
Revenue Range OR No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable	No Aggregate \$1 - \$5,000,00 \$5,000,001 - \$ \$25,000,001 -	\$25,000,000 - \$50,000,000 - \$100,000,000 00,000 sclose	
6. Federal Exemption(s) and Exclusion(s) (Claimed (select all that appl	ly)	
Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) X Rule 506(b) Rule 506(c) Securities Act Section 4(a)(5)	Investmen Section 3(Section 3(Section 3(Section 3(Section 3(Section 3((c)(2)	
	Section 3((c)(7)	

7. Type of Filing						
X New Notice Date of First Sale 2022-07-22 First Sale Yet to Occur						
Amendment						
8. Duration of Offering						
o. Duration of Offering						
Does the Issuer intend this offering to last more than one year? Yes X	No					
9. Type(s) of Securities Offered (select all that apply)						
X Equity	Pooled Investment Fund Interests					
Debt	Tenant-in-Common Securities					
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities					
Security to be Acquired Upon Exercise of Option, Warrant or Other Right Acquire Security	other (describe)					
10. Business Combination Transaction						
Is this offering being made in connection with a business combination tran or exchange offer?	saction, such as a merger, acquisition $Yes X$ No					
Clarification of Response (if Necessary):						
11. Minimum Investment						
Minimum investment accepted from any outside investor \$0 USD						
12. Sales Compensation						
Recipient	Recipient CRD Number X None					
(Associated) Broker or Dealer X None (Associated)	Associated) Broker or Dealer CRD Number X None					
Street Address 1	treet Address 2					
	tate/Province/Country ZIP/Postal Code					
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US					
13. Offering and Sales Amounts						
Total Offering Amount \$3,000,000 USD or Indefinite						
Total Amount Sold \$625,000 USD						
Total Remaining to be Sold \$2,375,000 USD or Indefinite						
Clarification of Response (if Necessary):						
14. Investors						
Select if securities in the offering have been or may be sold to persons such non-accredited investors who already have invested in the offering beautiful and the offering beautiful a	g					
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 & Finder's Fees Expenses						
Provide separately the amounts of sales commissions and finders fees expended the box next to the amount.	penses, if any. If the amount of an expenditure is not known, provide an estimate and					
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):

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
Mira1a Th	nerapeutics, Inc.	James A. McNulty, CPA	James A. McNulty, CPA	Chief Financial Officer	2022-08-01

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.