

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

Notice of Exempt Offering of Securities

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

1. Issuer's Identity

CIK (Filer ID Number) 0001600132	Previous Names X None	Entity Type Corporation Limited Partnership X Limited Liability Company General Partnership Business Trust Other (Specify)
Name of Issuer Bellerophon Therapeutics LLC		
Jurisdiction of Incorporation/Organization DELAWARE		
Year of Incorporation/Organization Over Five Years Ago X Within Last Five Years (Specify Year) 2014 Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer Bellerophon Therapeutics LLC			
Street Address 1 53 FRONTAGE ROAD		Street Address 2 Third Floor	
City HAMPTON	State/Province/Country NEW JERSEY	ZIP/PostalCode 08827	Phone Number of Issuer 908-238-6600

3. Related Persons

Last Name Peacock	First Name Jonathan	Middle Name
Street Address 1 53 Frontage Road	Street Address 2 Third Floor	
City Hampton	State/Province/Country NEW JERSEY	ZIP/PostalCode 08827
Relationship: X Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name Naidu	First Name Manesh	Middle Name
Street Address 1 53 Frontage Road	Street Address 2 Third Floor	
City Hampton	State/Province/Country NEW JERSEY	ZIP/PostalCode 08827
Relationship: X Executive Officer Director Promoter		

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name	
Meglasson		Martin			
Street Address 1		Street Address 2			
53 Frontage Road		Third Floor			
City		State/Province/Country		ZIP/PostalCode	
Hampton		NEW JERSEY		08827	
Relationship:		X Executive Officer		Director Promoter	

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name	
Heyrman		Reinilde			
Street Address 1		Street Address 2			
53 Frontage Road		Third Floor			
City		State/Province/Country		ZIP/PostalCode	
Hampton		NEW JERSEY		08827	
Relationship:		X Executive Officer		Director Promoter	

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name	
Abrams		David			
Street Address 1		Street Address 2			
53 Frontage Road		Third Floor			
City		State/Province/Country		ZIP/PostalCode	
Hampton		NEW JERSEY		08827	
Relationship:		X Executive Officer		Director Promoter	

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name	
Belloni		Aldo			
Street Address 1		Street Address 2			
53 Frontage Road		Third Floor			
City		State/Province/Country		ZIP/PostalCode	
Hampton		NEW JERSEY		08827	
Relationship:		Executive Officer X Director		Promoter	

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name	
Holt		Matthew			
Street Address 1		Street Address 2			
53 Frontage Road		Third Floor			
City		State/Province/Country		ZIP/PostalCode	
Hampton		NEW JERSEY		08827	
Relationship:		Executive Officer X Director		Promoter	

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name	
Moura		Andre			
Street Address 1		Street Address 2			
53 Frontage Road		Third Floor			
City		State/Province/Country		ZIP/PostalCode	
Hampton		NEW JERSEY		08827	

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Nelsen	Robert	
Street Address 1	Street Address 2	
53 Frontage Road	Third Floor	
City	State/Province/Country	ZIP/PostalCode
Hampton	NEW JERSEY	08827

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Pien	Howard	
Street Address 1	Street Address 2	
53 Frontage Road	Third Floor	
City	State/Province/Country	ZIP/PostalCode
Hampton	NEW JERSEY	08827

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Tasse	Daniel	
Street Address 1	Street Address 2	
53 Frontage Road	Third Floor	
City	State/Province/Country	ZIP/PostalCode
Hampton	NEW JERSEY	08827

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Weinstein	Adam	
Street Address 1	Street Address 2	
53 Frontage Road	Third Floor	
City	State/Province/Country	ZIP/PostalCode
Hampton	NEW JERSEY	08827

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

- | | | |
|---|------------------------|---------------------|
| Agriculture | Health Care | Retailing |
| Banking & Financial Services | Biotechnology | Restaurants |
| Commercial Banking | Health Insurance | Technology |
| Insurance | Hospitals & Physicians | Computers |
| Investing | X Pharmaceuticals | Telecommunications |
| Investment Banking | Other Health Care | Other Technology |
| Pooled Investment Fund | | |
| Is the issuer registered as an investment company under | Manufacturing | Travel |
| | Real Estate | Airlines & Airports |

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

Commercial

Construction

REITS & Finance

Residential

Other Real Estate

Lodging & Conventions

Tourism & Travel Services

Other Travel

Other

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		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)
Rule 505	Section 3(c)(5)	Section 3(c)(13)
X Rule 506(b)	Section 3(c)(6)	Section 3(c)(14)
Rule 506(c)	Section 3(c)(7)	
Securities Act Section 4(a)(5)		

7. Type of Filing

X New Notice Date of First Sale 2014-06-20 First Sale Yet to Occur

Amendment

8. 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)

Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
X Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	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	Recipient CRD Number <input checked="" type="checkbox"/> None
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None

Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
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	

13. Offering and Sales Amounts

Total Offering Amount	\$1 USD	or	Indefinite
Total Amount Sold	\$1 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: 6

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	<input type="checkbox"/> Estimate
Finders' Fees	\$0 USD	<input type="checkbox"/> 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 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
Bellerophon Therapeutics LLC	/s/ David Abrams	David Abrams	Treasurer	2014-07-01

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.