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** X None **Names** 

**Entity Type** 

0001492674

Name of Issuer

T2 Biosystems, Inc. Jurisdiction of **Incorporation/Organization** 

**DELAWARE** 

X Corporation

Limited Partnership Limited Liability Company

General Partnership

**Business Trust** Other (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

T2 Biosystems, Inc.

**Street Address 1** 

**Street Address 2** 

101 HARTWELL AVENUE

City

**State/Province/Country** 

ZIP/PostalCode

Phone Number of Issuer

LEXINGTON

**MASSACHUSETTS** 

02421

781-457-1200

3. Related Persons

**Last Name** 

First Name

Middle Name

McDonough

John

**Street Address 1** 

**Street Address 2** 

101 Hartwell Avenue

City

**State/Province/Country** 

ZIP/PostalCode

Lexington

**MASSACHUSETTS** 

02421

**Last Name** 

**Street Address 1** 

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

Clarification of Response (if Necessary):

Chief Executive Officer

First Name

Middle Name

Lynch

Shawn

**Street Address 2** 

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington

**MASSACHUSETTS** 

02421

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Chief Financial Officer

Last Name First Name Middle Name

Spadoro, Ph.D. Joanne

Street Address 1 Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington MASSACHUSETTS 02421

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

**Chief Operating Officer** 

Last Name First Name Middle Name

Lowery, Ph.D. Tom

Street Address 1 Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington MASSACHUSETTS 02421

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Chief Scientific Officer

Last Name First Name Middle Name

Harding David P.

Street Address 1 Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington MASSACHUSETTS 02421

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Chief Commercial Officer

Last Name First Name Middle Name

Pfaller, M.D. Michael A.

Street Address 1 Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington MASSACHUSETTS 02421

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Chief Medical Officer

Last Name First Name Middle Name

Cima, Ph.D. Michael

Street Address 1 Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington MASSACHUSETTS 02421

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name

Bilenker, M.D.

Josh

**Street Address 1** 

**Street Address 2** 

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington

**MASSACHUSETTS** 

02421

**Relationship:** Executive Officer X Director Promoter

John

Clarification of Response (if Necessary):

**Last Name First Name Middle Name** 

Cumming **Street Address 1** 

W. **Street Address 2** 

101 Hartwell Avenue

City **State/Province/Country** 

ZIP/PostalCode

Lexington

**MASSACHUSETTS** 

02421

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name** First Name Middle Name

Elsbree

David

**Street Address 1** 

Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington

**MASSACHUSETTS** 

02421

M.

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name

Jones Adrian

**Street Address 1** 

**Street Address 2** 

101 Hartwell Avenue

ZIP/PostalCode State/Province/Country City

**MASSACHUSETTS** Lexington 02421

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name

Lapidus Stanley

> **Street Address 1** Street Address 2

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

**MASSACHUSETTS** 02421 Lexington

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name** First Name Middle Name

Scampini Steven

> **Street Address 1 Street Address 2**

101 Hartwell Avenue

ZIP/PostalCode City State/Province/Country

**MASSACHUSETTS** 

02421

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Vice President, Engineering

Lexington

**Last Name** First Name Middle Name

Dhanda Rahul

> **Street Address 2 Street Address 1**

101 Hartwell Avenue

City State/Province/Country ZIP/PostalCode

Lexington **MASSACHUSETTS** 02421

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Senior Vice President, Corporate Development

**Last Name First Name** Middle Name

Liebman Seymour

> **Street Address 1 Street Address 2**

101 Hartwell Avenue

City **State/Province/Country** ZIP/PostalCode

**MASSACHUSETTS** 02421 Lexington

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name

Michael Gibbs, Esq.

> **Street Address 1** Street Address 2

101 Hartwell Avenue

ZIP/PostalCode City State/Province/Country

Lexington **MASSACHUSETTS** 02421

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Vice President and General Counsel

## 4. Industry Group

Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology

Insurance Hospitals & Physicians Investing

Pharmaceuticals **Telecommunications Investment Banking** Pooled Investment Fund X Other Health Care

Other Technology Is the issuer registered as Manufacturing Travel

an investment company under Real Estate

Airlines & Airports the Investment Company Commercial Act of 1940? Lodging & Conventions

Construction No Yes Tourism & Travel Services

Computers

Other Banking & Financial Services **REITS & Finance** Other Travel

**Business Services** Residential Other Energy Other Real Estate Coal Mining **Electric Utilities** 

**Energy Conservation** 

**Environmental Services** 

Oil & Gas

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		\$25,000,001 - \$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) 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 505	Section $3(c)(4)$	Section 3(c)(12)	
X Rule 506(b)	Section 3(c)(5)	Section 3(c)(13)	
Rule 506(c) Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
· / · /	Section 3(c)(7)		

## 7. Type of Filing

X New Notice Date of First Sale 2016-09-21 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)

X Equity **Pooled Investment Fund Interests** Tenant-in-Common Securities Debt Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security

# 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as Yes X No a merger, acquisition or exchange offer?

Clarification of Response (if Necessary):

#### 11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

## 12. Sales Compensation

Recipient CRD Number X None

(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X 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

All States Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$39,723,037 USD or Indefinite

Total Amount Sold \$39,723,037 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

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:

1

# 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):

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
T2 Biosystems, Inc.	/s/ Michael Gibbs	Michael Gibbs, Esq.	General Counsel	2016-09-27

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.