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: Estimated average burden hours per response:

Notice of Exempt Offering of Securities

1. Issuer's Identity			
1. Issuer 5 Identity			
CIK (Filer ID Number)	Previous Names	X None	Entity Type
0001446159			X Corporation
Name of Issuer			Limited Partnership
BioDrain Medical, Inc.			Limited Liability Company
Jurisdiction of Incorporation/Org	anization		
MINNESOTA			General Partnership
Year of Incorporation/Organization	on		Business Trust
X Over Five Years Ago			Other (Specify)
Within Last Five Years (Spe	cify Year)		
Yet to Be Formed	• ,		
2. Principal Place of Business	and Contact Information		
Name of Issuer			
BioDrain Medical, Inc.			
Street Address 1		Street Address 2	
2915 Commers Drive, Suite 900			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
Eagan	MINNESOTA	55121	(651) 389-4800
3. Related Persons			
Last Name	First Name		Middle Name
Gadbaw	Lawrence		W.
Street Address 1	Street Address 2		
2915 Commers Drive, Suite 900			
City	State/Province/Co	untry	ZIP/PostalCode
Eagan	MINNESOTA		55121
Relationship: X Executive Office	cer X Director Promoter		
Clarification of Response (if Nec	essary):		
. ,			
Last Name	First Name		Middle Name
Ruwe	Chad		A.
Street Address 1	Street Address 2		
2915 Commers Drive, Suite 900			
City	State/Province/Co	untry	ZIP/PostalCode
Eagan	MINNESOTA		55121
Relationship: Executive Office	er X Director Promoter		
Clarification of Response (if Nec	essary):		
Last Name	First Name		Middle Name
Kornberg	Joshua		
Street Address 1	Street Address 2		
2015 Commors Drive Suite 000			

City	State/Province/Country	ZIP/PostalCode	
Eagan	MINNESOTA	55121	
Relationship: X Executive Officer	x Director Promoter		
Clarification of Response (if Neces	sary):		
Last Name	First Name	Middle Name	
Morawetz	Peter	L.	
Street Address 1	Street Address 2		
2915 Commers Drive, Suite 900			
City	State/Province/Country	ZIP/PostalCode	
Eagan	MINNESOTA	55121	
Relationship: Executive Officer	X Director Promoter		
Clarification of Response (if Neces	sary):		
Last Name	First Name	Middle Name	
McGoldrick	Thomas	J.	
Street Address 1	Street Address 2	J.	
	Street Address 2		
2915 Commers Drive, Suite 900	State/Province/Country	ZIP/PostalCode	
City	State/Province/Country MINNESOTA	55121	
Eagan		33121	
Relationship: Executive Officer	X Director Promoter		
Clarification of Response (if Neces	sary):		
Last Name	First Name	Middle Name	
Reding	Andrew	P.	
Street Address 1	Street Address 2		
2915 Commers Drive, Suite 900			
City	State/Province/Country	ZIP/PostalCode	
Eagan	MINNESOTA	55121	
Relationship: Executive Officer	X Director Promoter		
<u> </u>			
Clarification of Response (if Neces	sary):		
Last Name	First Name	Middle Name	
Galitz	Jeffrey		
Street Address 1	Street Address 2		
2915 Commers Drive, Suite 900			
City	State/Province/Country	ZIP/PostalCode	
Eagan	MINNESOTA	55121	
Relationship: Executive Officer			
Clarification of Response (if Neces	ssary):		
Last Name	First Name	Middle Name	
Myers	Robert		
Street Address 1	Street Address 2		
2915 Commers Drive, Suite 900	51.5517 (ddi 000 E		
City	State/Province/Country	ZIP/PostalCode	
Eagan	MINNESOTA	55121	
Relationship: X Executive Officer		33121	
Clarification of Response (if Neces			
oranioanon or response (ii rieces	ou y _j .		
Last Name	First Name	Middle Name	
Johnson	David		
Street Address 1	Street Address 2		

City Eagan Relationship: X Executive Officer Direct	State/Province/Country MINNESOTA ctor Promoter	ZIP/PostalCode 55121	
Clarification of Response (if Necessary):			
Last Name Koenigsberger Street Address 1 2915 Commers Drive, Suite 900 City Eagan Relationship: Executive Officer X Direct Clarification of Response (if Necessary):	First Name Ricardo Street Address 2 State/Province/Country MINNESOTA ctor Promoter	Middle Name ZIP/PostalCode 55121	
4. Industry Group Agriculture	Health Care	Retailing	_
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 Insurance Hospitals & Physicians Pharmaceuticals X 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	Aggregate Net Asset Va	-	

\$1 - \$1,000,000	<u>\$1 - \$5,000,000</u>
\$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) Claime	d (select all that apply)
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505
Rule 504 (b)(1)(i)	X Rule 506
Rule 504 (b)(1)(ii)	Securities Act Section 4(6)
Rule 504 (b)(1)(iii)	Investment Company Act Section 3(c)
	Section 3(c)(1) Section 3(c)(9)
	Section 3(c)(2) Section 3(c)(10)
	Section 3(c)(3) Section 3(c)(11)
	Section 3(c)(4) Section 3(c)(12)
	Section 3(c)(5) Section 3(c)(13)
	Section 3(c)(6) Section 3(c)(14)
	Section 3(c)(7)
7. Type of Filing	
片	First Sale Yet to Occur
Amendment	
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 ap	ply)
V Comite.	Declar Investment Fund Interests
X Equity	Pooled Investment Fund Interests
Debt St. No. 10 St. Live A. 11 A. 11	Tenant-in-Common Securities
X Option, Warrant or Other Right to Acquire Another	
Security to be Acquired Upon Exercise of Option Right to Acquire Security	Other (describe)
10. Business Combination Transaction	
Is this offering being made in connection with a bus merger, acquisition or exchange offer?	iness combination transaction, such as a Yes X No
Clarification of Response (if Necessary):	
11. Minimum Investment	
Minimum investment accepted from any outside inv	vestor \$0 USD
12. Sales Compensation	
Recipient	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 \$500,000 USD or Indefinite		
Total Amount Sold \$154,990 USD		
Total Remaining to be Sold \$345,010 USD or Indefinite		
Clarification of Response (if Necessary):		
14. Investors		
enter the number of such non-accredited investors who all	n or may be sold to persons who do not qualify as accredited	7
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and fin estimate and check the box next to the amount.	ders fees expenses, if any. If the amount of an expenditure is no	ot known, provide an
Sales Commissions \$0 USD Estimate		
Finders' Fees \$0 USD Estimate		
Clarification of Response (if Necessary):		
16. Use of Proceeds		
	has been or is proposed to be used for payments to any of the ponse to Item 3 above. If the amount is unknown, provide an est	
\$84,000 USD X Estimate	9	
Clarification of Response (if Necessary):		
Executive officer salaries and board chairman fees.		
Signature and Submission		
Please verify the information you have entered and review file this notice.	the Terms of Submission below before signing and clickin	g SUBMIT below to

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 it 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 Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

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
BioDrain Medical, Inc.	Joshua Kornberg	Joshua Kornberg	President, Chief Executive Officer & Chief Financial Officer	2012-06-28

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.