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

4.00

Estimated average

burden

hours per

response:

1. Issuer's Identity

**CIK (Filer ID Number)** 

**Previous** X None **Names** 

**Entity Type** 

0001446159

Name of Issuer

Limited Partnership

X Corporation

BioDrain Medical, Inc.

Limited Liability Company

Jurisdiction of **Incorporation/Organization** 

General Partnership

**MINNESOTA** 

**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

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/Country

ZIP/PostalCode

Eagan

**MINNESOTA** 

55121

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

Clarification of Response (if Necessary):

**Last Name** 

First Name

Middle Name

Ruwe

Chad

A.

55121

**Street Address 1** 

Street Address 2

2915 Commers Drive, Suite 900

City

State/Province/Country

ZIP/PostalCode

Eagan

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

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name Kornberg Joshua **Street Address 1 Street Address 2** 2915 Commers Drive, Suite 900 State/Province/Country ZIP/PostalCode City Eagan **MINNESOTA** 55121 **Relationship:** X Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Peter L. Morawetz **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 Necessary): **Last Name First Name Middle Name** McGoldrick J. **Thomas Street Address 1** Street Address 2 2915 Commers Drive, Suite 900 City State/Province/Country ZIP/PostalCode **MINNESOTA** Eagan 55121 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** P. Reding Andrew **Street Address 1 Street Address 2** 2915 Commers Drive, Suite 900 **State/Province/Country** ZIP/PostalCode City **MINNESOTA** 55121 Eagan **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name Galitz **Jeffrey Street Address 1 Street Address 2** 2915 Commers Drive, Suite 900 ZIP/PostalCode City State/Province/Country **MINNESOTA** Eagan 55121 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Robert **Myers Street Address 1** Street Address 2 2915 Commers Drive, Suite 900 ZIP/PostalCode State/Province/Country City **MINNESOTA** 55121 Eagan

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Johnson David

Street Address 1 Street Address 2

2915 Commers Drive, Suite 900

City State/Province/Country ZIP/PostalCode

Eagan MINNESOTA 55121

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Koenigsberger Ricardo

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 Necessary):

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services Biotechnology Restaurants
Commercial Banking Health Insurance Technology

Insurance Hospitals & Physicians Computers

Investment Banking Pharmaceuticals Telecommunications

Pooled Investment Fund X Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel an investment company under Real Estate

an investment company under Real Estate Airlines & Airports the Investment Company

Commercial Lodging & Converting Company

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Out

Business Services Residential Other
Energy Other Real Fatets

Coal Mining Other Real Estate

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 -\$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,001 -\$50,000,001 - \$100,000,000 \$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) Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 505 Rule 504 (b)(1)(i) X Rule 506 Securities Act Section 4(5) Rule 504 (b)(1)(ii) 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 X New Notice Date of First Sale 2012-06-15 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** Debt Tenant-in-Common Securities X Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities X 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 Recipient CRD Number X None (Associated) Broker or Dealer CRD

Number

(Associated) Broker or Dealer X None

City

**Street Address 1** 

State/Province/Country ZIP/Postal Code

Street Address 2

X None

State(s) of Solicitation (select all that apply) All Foreign/non-US Check "All States†or check individual States

## 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

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:



### 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.

\$84,000 USD X Estimate

Clarification of Response (if Necessary):

Executive officer salaries and board chairman fees.

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

<sup>\*</sup> 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.