

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

1. Issuer's Identity

CIK (Filer ID Number) 0001601485	Previous Names X None	Entity Type X Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)
Name of Issuer Angion Biomedica Corp.		
Jurisdiction of Incorporation/Organization DELAWARE		
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 Angion Biomedica Corp.			
Street Address 1 456 Montgomery Street		Street Address 2 Suite 1200	
City San Francisco	State/Province/Country CALIFORNIA	ZIP/PostalCode 94104	Phone Number of Issuer (415) 655-4899

3. Related Persons

Last Name Goldberg	First Name Itzhak	Middle Name D.
Street Address 1 51 Charles Lindbergh Boulevard	Street Address 2	
City Uniondale	State/Province/Country NEW YORK	ZIP/PostalCode 11553
Relationship: X Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Chairman

Last Name Venkatesan	First Name Jay	Middle Name R.
Street Address 1 456 Montgomery Street	Street Address 2 Suite 1200	
City San Francisco	State/Province/Country CALIFORNIA	ZIP/PostalCode 94104
Relationship: X Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Chief Executive Officer

Last Name	First Name	Middle Name
Nissenson	Allen	
Street Address 1	Street Address 2	
456 Montgomery Street	Suite 1200	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94104
Relationship: Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Ganzi	Victor	
Street Address 1	Street Address 2	
456 Montgomery Street	Suite 1200	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94104
Relationship: Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Omenn	Gil	
Street Address 1	Street Address 2	
456 Montgomery Street	Suite 1200	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94104
Relationship: Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Wilson	Karen	
Street Address 1	Street Address 2	
456 Montgomery Street	Suite 1200	
City	State/Province/Country	ZIP/PostalCode
San Francisco	CALIFORNIA	94104
Relationship: Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/>		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	X Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing	Pharmaceuticals	Telecommunications
Investment Banking	Other Health Care	Other Technology
Pooled Investment Fund	Manufacturing	Travel
Is the issuer registered as an investment company under the Investment Company Act of 1940?	Real Estate	Airlines & Airports
	Commercial	Lodging & Conventions

Yes	No	Construction	Tourism & Travel Services
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)	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)
X Rule 506(b)	Section 3(c)(5) Section 3(c)(13)
Rule 506(c)	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(a)(5)	Section 3(c)(7)

7. Type of Filing

X New Notice Date of First Sale 2020-06-12 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
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
X 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 X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$25,000 USD

12. Sales Compensation

Recipient	GP Nurmenkari Inc.	Recipient CRD Number	None	153480
(Associated) Broker or Dealer	X None	(Associated) Broker or Dealer CRD Number	X None	
None		None		
	Street Address 1		Street Address 2	
22 Elizabeth Street		SONO Square, Suite 1J		
City		State/Province/Country		ZIP/Postal Code
Norwalk		CONNECTICUT		06854
State(s) of Solicitation (select all that apply)		Foreign/non-US		
Check "All States" or check individual States	X All States			

Recipient	T.R. Winston & Company, LLC	Recipient CRD Number	None	10571
(Associated) Broker or Dealer	X None	(Associated) Broker or Dealer CRD Number	X None	
None		None		
	Street Address 1		Street Address 2	
2049 Century Park East		Suite 320		
City		State/Province/Country		ZIP/Postal Code
Los Angeles		CALIFORNIA		90067
State(s) of Solicitation (select all that apply)		Foreign/non-US		
Check "All States" or check individual States	X All States			

13. Offering and Sales Amounts

Total Offering Amount \$40,000,000 USD or Indefinite

Total Amount Sold \$6,695,000 USD

Total Remaining to be Sold \$33,305,000 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons 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: 54

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 \$4,000,000 USD X Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

Assumes offering is fully subscribed. Each placement agent ("PA") will also receive warrants equal to 10% of the total amount of shares sold by such PA.

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
Angion Biomedica Corp.	/s/ Jay R. Venkatesan	Jay R. Venkatesan	Chief Executive Officer	2020-06-23

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.