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 4.00 response:

1. Issuer's Identity

CIK (Filer ID Nur	nber) Previous Names	X None	Entity Type
0001755237			X Corporation
Name of Issue	r		Limited Partnership
Cyclerion Therapeutics, Inc			Limited Liability Company
Jurisdiction o			General Partnership
Incorporation/Orga	nization		Business Trust
MASSACHUSETTS			Other (Specify)
Year of Incorpora	tion/Organization		
Over Five Years Ago			
X Within Last Five Years (S	Specify Year) 2018		
Yet to Be Formed			
2. Principal Place of Busines	s and Contact Information		
	of Issuer		
Cyclerion Therapeutics, Inc			
	Address 1	Stre	et Address 2
301 Binney Street			
City Cambridge	State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02142	Phone Number of Issuer (857) 327-8778
3. Related Persons			
Last Name	First	Name	Middle Name
Hecht	Peter	М.	
Street Address 1	Street A	Address 2	
301 Binney Street			
City		nce/Country	ZIP/PostalCode
Cambridge	MASSACHUSET		2
Relationship: X Executive	Officer X Director Promote	er	
Clarification of Response (if	Necessary):		
Last Name	First	Name	Middle Name
Currie	Mark	G.	
Street Address 1	Street A	ddress 2	
301 Binney Street			
City		nce/Country	ZIP/PostalCode
Cambridge	MASSACHUSET	TS 0214	2

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Huyett Street Address 1	William Street Address 2	
301 Binney Street		
City	State/Province/Country	ZIP/PostalCode
Cambridge Relationship: X Executive Officer	MASSACHUSETTS Director Promoter	02142
-		
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Busch	Andreas	E.
Street Address 1	Street Address 2	
301 Binney Street	State/Duceringes/Country	ZIP/PostalCode
City Cambridge	State/Province/Country MASSACHUSETTS	02142
Relationship: X Executive Officer		02142
-		
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Churchwell	Kevin	
Street Address 1	Street Address 2	
301 Binney Street		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer X	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Conrades	George	
Street Address 1	Street Address 2	
301 Binney Street		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer X	X Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Fanucci	Marsha	
Street Address 1	Street Address 2	
301 Binney Street		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer X	X Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Isacson	Ole	
Street Address 1	Street Address 2	
301 Binney Street		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name	
Lovell	Stephanie		
Street Address 1	Street Address 2		
301 Binney Street			
City	State/Province/Country	ZIP/PostalCode	
Cambridge	MASSACHUSETTS	02142	
Relationship: Executive Officer λ	Director Promoter		
Clarification of Response (if Necessa	ary):		
Last Name	First Name	Middle Name	
McGuire	Terrance		
Street Address 1	Street Address 2		
301 Binney Street			
Combridge	State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02142	
Cambridge Relationship: Executive Officer <i>Σ</i>		02142	
Relationship: Executive Officer 2	Director Promoter		
Clarification of Response (if Necessa	ary):		
Last Name	First Name	Middle Name	
Mendelsohn	Michael		
Street Address 1	Street Address 2		
301 Binney Street	State/Ducyinco/Country	ZID/DestalCade	
City Cambridge	State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02142	
Relationship: Executive Officer <i>X</i>		02142	
Relationship. Executive Officer A	Director Promoter		
Clarification of Response (if Necessa	ary):		
Last Name	First Name	Middle Name	
Schulman	Amy		
Street Address 1	Street Address 2		
301 Binney Street			
City Cambridge	State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02142	
-	K Director Promoter	02142	
Relationship: Executive Officer 2	C Director Promoter		
Clarification of Response (if Necessa	ary):		
4. Industry Group			
Agriculture	Health Care	Retailing	
Banking & Financial Services	Biotechnology	Restaurants	
Commercial Banking	Health Insurance	Technology	
Insurance	Hospitals & Physicians	Computers	
Investing		•	
Investment Banking	X Pharmaceuticals	Telecommunications	
Pooled Investment Fund	Other Health Care	Other Technology	
Is the issuer registered as	Manufacturing	Travel	
an investment company under	Real Estate	Airlines & Airports	
	Commercial		

the Investment Co Act of 1940? Yes Other Banking & Business Services Energy	ompany No Financial Services	Construction REITS & Finance Residential Other Real Estate	Lodging & Conventions Tourism & Travel Services Other Travel Other
Coal Mining			
Electric Utilities			
Energy Conserva	tion		
Environmental Se	ervices		
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
X \$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
Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

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

	Investment Company	y 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) X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)
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 2020-07-29 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

Debt

Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities

Other (describe)

10. Business Combination Transaction				
Is this offering being made in connection wi as a merger, acquisition or exchange offer?	th a busines	s combination transaction, such	Yes X No	
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any ou	tside investo	r \$0 USD		
12. Sales Compensation				
Recipient		Recipient CRD Number X None		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CI Number	RD 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 \$24,250,000 US	SD or Inde	efinite		
Total Amount Sold\$24,250,000 US	SD			
Total Remaining to be Sold \$0 US	SD or Inde	efinite		
Clarification of Response (if Necessary):				
14. Investors				
Select if securities in the offering have be investors, and enter the number of such n	on-accredite	d investors who already have invest	ed in the offering.	
Regardless of whether securities in the of accredited investors, enter the total numb				2

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 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
Cyclerion Therapeutics, Inc.	/s/ William Huyett	William Huyett	Chief Financial Officer	2020-08-11

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.