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 Z	K None	Entity Type		
0001755237			X Corporation		
Name of Issue	r		Limited Partnership		
Cyclerion Therapeutics, Inc.			Limited Liability Company		
Jurisdiction o	f		General Partnership		
Incorporation/Organ	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	ss and Contact Information				
Name	of Issuer				
Cyclerion Therapeutics, Inc.					
Street A	Address 1	Stree	t Address 2		
245 First Street, 18th Floor					
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer		
CAMBRIDGE	MASSACHUSETTS	02142	(857) 327-8778		
3. Related Persons					
Last Name	First	Name	Middle Name		
Hecht	Peter	М.			
Street Address 1	Street A	ddress 2			
245 First Street, 18th Floor					
City		nce/Country	ZIP/PostalCode		
Cambridge	MASSACHUSET	ΓS 02142			
Relationship: X Executive	Officer X Director Promote	Pr			
Clarification of Response (if	Necessary):				
Last Name	First	Name	Middle Name		
Busch	Andreas				
Street Address 1	Street A	ddress 2			
245 First Street, 18th Floor					
City	State/Provi	nce/Country	ZIP/PostalCode		
Cambridge	MASSACHUSET	ΓS 02142			
Deletioneline V Encenting	Officer Director Dremeter				

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Gjino Street Address 1	Anjeza Street Address 2	
245 First Street, 18th Floor	Succi Auress 2	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Gault	Cheryl	
Street Address 1	Street Address 2	
245 First Street, 18th Floor		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Churchwell	Kevin	
Street Address 1	Street Address 2	
245 First Street, 18th Floor		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer 2	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Conrades	George	
Street Address 1	Street Address 2	
245 First Street, 18th Floor		
City	State/Province/Country MASSACHUSETTS	ZIP/PostalCode
Cambridge		02142
Relationship: Executive Officer <i>X</i>	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
De Souza	Errol	
Street Address 1	Street Address 2	
245 First Street, 18th Floor		
Cambridge	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer <i>Y</i>	A Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Fanucci	Marsha	
Street Address 1	Street Address 2	
245 First Street, 18th Floor		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Jaccom Ole Street Address 1 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSAC/IUSEITTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name Lovell Suphanie Street Address 1 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSAC/IUSEITTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name McGuire Terrarce Street Address 1 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSAC/IUSEITTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name McGuire Terrarce Street Address 1 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSAC/IUSEITTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name McGuire MASSAC/IUSEITTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name Mandelsohn Michael Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSAC/IUSEITTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name Mandelsohn Michael Street Address 2 245 First Street, 18th Floor City State/Province/Country City Address 3 Address 4 Addre	Last Name	First Name	Middle Name	
245 First Street, 18th Floor City State/Province/Output 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Losel Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country 21P/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter City State/Province/Country 21P/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Task Name First Name Middle Name McGuire Terrance Ziter Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Partice Address 1 Street Address 2 Partice Address 2				
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Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Middle Name Street Address 1 Street Address 2 245 First Street, 1dh Floor City Street Address 1 Street Address 1 Street Address 1 OUT City Street Address 7 219/PostalCode Carboring (if Necessary): Last Name First Name Middle Name City Street Address 1 Street Address 2 City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Carboring Street Address 2 Street Address 1		c c		
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245 First Street, 18th Floor 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 McGuire Terrace Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name Michael Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name Michael Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Clarification of Response (if Necessary): City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Clarification of Response (if Necessary): Clarification of Response (if Necessary): Clarification of Response (if Necessary): Adjuster Group Agriculture Health Care Retailing Banking & Financial Services Biorechnology Restaurants Commercial Banking Health Insurance Technology Insusting Health Insurance Technology Investing Health Insurance Technology Investing Investinent Fund Other Health Care Other Technology Investing Investinent Fund Other Health Care Other Technology Investinent Banking X Pharmaceuticals Tervel an investinent Fund Other Health Care Other Technology Investinent Fund Other Health Ca		-		
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Last Name First Name Middle Name McGuire Terrance Street Address 2 Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Image: Street Address 1 Street Address 2 Z45 First Street, 18th Floor Middle Name Middle Name Mendelsohn Michael Street Address 2 Z45 First Street, 18th Floor City Street Address 2 Z45 First Street, 18th Floor City Street Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): 02142 Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology Investing Apertal & Shreet Addres Computers Investing X Pharmaceuticals Telecommunications Pooled Investiment Fund Other Health Care Other Technology <td>Relationship: Executive Officer 2</td> <td>K Director Promoter</td> <td></td> <td></td>	Relationship: Executive Officer 2	K Director Promoter		
McGuireTerranceStreet Aldress 1Street Aldress 1Street Aldress 2245 First Street:MASSACHUSETTSQ11/2CambridgeMASSACHUSETTSQ1242Catarificationship:Executive Officer X DirectorPromoterCatarificationship:Executive Officer X DirectorPromoterImage: Street Aldress 1Street Address 2CityStreet Address 2Street Address 1Street Address 2CityState/Province/CountryZIP/PostalCodeOutput: Street Address 2245 First Street, 18th FloorCityState/Province/CountryZIP/PostalCodeOutput: Street Address 2Output: Street Officer X DirectorPromoterCityState/Province/CountryZIP/PostalCodeCambridgeMASSACHUSETTS02142Adjricutive Officer X DirectorPromoterAdjricutive Of	Clarification of Response (if Necessa	ary):		
Street Address 2245 First Street, 14b FloorZIP/PostalCodeCambridgeMASSACHUSETTS02142CambridgeMASSACHUSETTS02142Relationshigesecurity Officer X DirectoPomoteCarrier Carrier	Last Name	First Name	Middle Name	
245 First Street, 18th Floor City NASSACHUSETTS 02142 Relationship: Executive Officer X Directo Promote Clarification of Response (if Necessary):				
CityState/Province/CountryZIP/PostalCodeCambridgeMASSACHUSETTS02142RelationshipeExecutive Officer X DirectorPromoterClarification of Response (if Necessar):		Street Address 2		
Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Last Name First Name Middle Name Mendelsohn Michael Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): 				
Agriculture Health Care Retailing Agriculture Health Care Retailing Agriculture Health Insurance Technology Agriculture Health Insurance Technology Investment Banking X Pharmaceuticals Telecommunications Investment Banking X Pharmaceuticals Telecommunications Investment Fund Other Health Care Telecommunications Investment Company under Relations Computers Investment Company under Relatications Computers	^c	c c		
Clarification of Response (if Necessary): Last Name First Name Middle Name Mendelsohn Michael Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): 2142 4. Industry Group Health Care Retailing Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology Insurance Hospitals & Physicians Computers Investing X Pharmaceuticals Telecommunications Pooled Investment Fund Other Health Care Other Technology Investment Fund Other Health Care Aritines & Airports	C C		02142	
Last Name First Name Middle Name Mendelsohn Michael Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary):	Relationship: Executive Officer 2	X Director Promoter		
Mendelsohn Michael Street Address 1 Street Address 2 245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary): Promoter Street Address 4. Industry Group Health Care Retailing Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology Insurance Hospitals & Physicians Computers Investing X Pharmaceuticals Telecommunications Pooled Investment Fund Other Health Care Other Technology Is the issuer registered as an investment company under Manufacturing Real Estate Travel	Clarification of Response (if Necessa	ary):		
Street Address 1 Street Address 2 245 First Street, 18th Floor City City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Carification of Response (if Necessary): Promoter A Industry Group Retailing Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology Insurance Hospitals & Physicians Computers Investing X Pharmaceuticals Telecommunications Investing X Pharmaceuticals Telecommunications Pooled Investment Fund Other Health Care Other Technology Is the issuer registered as an investmer registered as Manufacturing Real Estate Airlines & Airports	Last Name	First Name	Middle Name	
245 First Street, 18th Floor City State/Province/Country ZIP/PostalCode Cambridge MASSACHUSETTS 02142 Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary):				
CityState/Province/CountryZIP/PostalCodeCambridgeMASSACHUSETTS02142RelationshigeExecutive Officer X DirectPromoterClarification of Response (if Necessary):		Street Address 2		
Cambridge MASSACHUSETTS 02142 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 Investing 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				
Relationship: Executive Officer X Director Promoter Clarification of Response (if Necessary):	5	-		
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 Investing X Pharmaceuticals Telecommunications Pooled Investment Fund Other Health Care Other Technology Is the issuer registered as Manufacturing Real Estate Airlines & Airports	-		02142	
4. Industry Group Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology Insurance Hospitals & Physicians Computers Investing 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	Relationship: Executive Officer 2	X Director Promoter		
AgricultureHealth CareRetailingBanking & Financial ServicesBiotechnologyRestaurantsCommercial BankingHealth InsuranceTechnologyInsuranceHospitals & PhysiciansComputersInvestingX PharmaceuticalsTelecommunicationsPooled Investment FundOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravel	Clarification of Response (if Necessa	ary):		
Banking & Financial ServicesBiotechnologyRestaurantsCommercial BankingHealth InsuranceTechnologyInsuranceHospitals & PhysiciansComputersInvestingX PharmaceuticalsTelecommunicationsPooled Investment BankingOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravel	4. Industry Group			
Commercial BankingHealth InsuranceTechnologyInsuranceHospitals & PhysiciansComputersInvestingX PharmaceuticalsTelecommunicationsPooled Investment FundOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravel	Agriculture	Health Care	Retailing	
Commercial BankingHealth InsuranceTechnologyInsuranceHospitals & PhysiciansComputersInvestingX PharmaceuticalsTelecommunicationsPooled Investment FundOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravel	Banking & Financial Services	Biotechnology	-	
InsuranceHospitals & PhysiciansComputersInvestingX PharmaceuticalsTelecommunicationsInvestment BankingX PharmaceuticalsTelecommunicationsPooled Investment FundOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravelAirlines & AirportsAirlines & Airports	Commercial Banking	Health Insurance		
InvestingX PharmaceuticalsTelecommunicationsInvestment BankingX PharmaceuticalsTelecommunicationsPooled Investment FundOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravel Airlines & Airports	Insurance			
Pooled Investment FundOther Health CareOther TechnologyIs the issuer registered as an investment company underManufacturing Real EstateTravel Airlines & Airports	Investing		-	
Is the issuer registered as Manufacturing Travel an investment company under Real Estate Airlines & Airports	-	X Pharmaceuticals	Telecommunications	
an investment company under Real Estate Airlines & Airports	Pooled Investment Fund	Other Health Care	Other Technology	
Annues & Anports	-	Manufacturing	Travel	
Commercial	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 Compan	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 2021-06-07 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 w as a merger, acquisition or exchange offer?		combination transaction, such	Yes X No	
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any or	utside investor	• \$0 USD		
12. Sales Compensation				
Recipient		Recipient CRD Number X None		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CF 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	y) All States	Foreign/non-US		
13. Offering and Sales Amounts				
Total Offering Amount \$18,028,000 U	SD or Inde	finite		
Total Amount Sold\$18,028,000 U	SD			
Total Remaining to be Sold \$0 U	SD or Inde	finite		
Clarification of Response (if Necessary):				
14. Investors				
Select if securities in the offering have b investors, and enter the number of such	non-accredited	l investors who already have invest	ed in the offering.	
Regardless of whether securities in the c accredited investors, enter the total num				7

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/ Anjeza Gjino	Anjeza Gjino	Chief Financial Officer	2021-06-17

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.