FORM D

Notice of Exempt Offering of Securities

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.



1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	None None	Entity Type
0000840551]		Corporation
Name of Issuer	_		C Limited Partnership
TITAN MEDICAL INC]		C Limited Liability Company
Jurisdiction of Incorporation/Organization			C General Partnership
ONTARIO, CANADA]		C Business Trust
Year of Incorporation/Organization	on		C Other
Over Five Years Ago			L
• Within Last Five Years (Specify Year)			

C Yet to Be Formed

2. Principal Place of Business and Contact Information Name of Issuer

TITAN MEDICAL INC			
Street Address 1		Street Address 2	
170 UNIVERSITY AVENUE		SUITE 1000	
City	State/Province/Country	y ZIP/Postal Code	Phone No. of Issuer
TORONTO	ONTARIO, CANADA	A M5H 3B3	416-546-7522

3. Related Persons

Last Name		First Name		Middle Name
McNally		David]
Street Address 1			Street Address 2	
170 University Aven	ue		Suite 1000	
City		State/Province/	Country	ZIP/Postal Code
Toronto		ONTARIO, C	ANADA	M5H 3B3
Relationship:	Execu	tive Officer	Director	Promoter
Last Name		First Name		Middle Name
Randall		Stephen		1
Street Address 1 170 University Aven	ue		Street Address 2 Suite 1000	
City		State/Province/	Country	ZIP/Postal Code
Toronto		ONTARIO, C	ANADA	M5H 3B3
Relationship:	Execu	tive Officer	Director	Promoter

Last Name		First Name		Middle Name	
Barker		John			
Street Address 1		- <u>_</u>	Street Address 2	2	
170 University Ave	nue		Suite 1000		
City		State/Province/	Country	ZIP/Postal Code	
Toronto		ONTARIO, C		M5H 3B3	
L] [
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respo	nse (if Necessar	y)			
		24 . 24			_
Last Name		First Name		Middle Name	
Wolff		Bruce			
Street Address 1			Street Address 2	2	
170 University Ave	nue		Suite 1000		
City		State/Province/	Country	ZIP/Postal Code	
Toronto		ONTARIO, O	CANADA	M5H 3B3	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respo	nse (if Necessar	v)		<u>_</u>	
		J)			
					—
Last Name		First Name		Middle Name	
Schellhorn		John			
Street Address 1			Street Address 2	2	
170 University Ave	nue		Suite 1000	-	
City		State/Province/	L	ZIP/Postal Code	
Toronto		ONTARIO, O	-	M5H 3B3	
Toronto		UNTARIO, C	LANADA	M5H 3B3	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respo	nse (if Necessar	y)			
					—
Last Name		First Name		Middle Name	
Bernholtz		Martin			
Street Address 1			Street Address 2	<u></u> 2	
170 University Ave	nue		Suite 1000		
		State/Duc-inc	L	7ID/Doctol Codo]
City		State/Province/		ZIP/Postal Code	
Toronto		ONTARIO, O	JANADA	M5H 3B3	
D 1 <i>d</i>	-				
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respo	nse (if Necessar	y)			

4. Industry Group

C Agriculture

Banking & Financial Services

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking C Pooled Investment Fund
- Other Banking & Financial

C Services

C Business Services

Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation C Environmental Services
- C Oil & Gas
- On & Gas
- C Other Energy

5. Issuer Size

Aggregate Net Asset Value Range

C No Revenues

Revenue Range

- C \$1 \$1,000,000
- C \$1,000,001 \$5,000,000
- \$5,000,001 \$25,000,000
- \$25,000,001 \$100,000,000
- Over \$100,000,000
- O Decline to Disclose
- C Not Applicable

No Aggregate Net Asset Value

- \$1 \$5,000,000
 - \$5,000,001 \$25,000,000
- C \$25,000,001 \$50,000,000
 - \$50,000,001 \$100,000,000
- C Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

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)	Rule 506(b)				
Rule 504 (b)(1)(ii)	Rule 506(c)				
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)				
	Investment Company Act Section 3(c)				

2017-10-20

7. Type of Filing

New Notice Date of First Sale

First Sale Yet to Occur

O Yes O No

☐ Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

C Retailing

- C Restaurants
- C Hospitals & Physicians

Health Care

0

C Manufacturing

Real Estate

0

0

0

C Commercial

C Residential

Construction

REITS & Finance

Other Real Estate

0

C

0

C Biotechnology

C Health Insurance

Pharmaceuticals

C Other Health Care

- C Computers
- C Telecommunications
- C Other Technology

Travel

- O Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel
- Other

9. Type(s) of Securities Offered (select all that apply)
Pooled Investment Fund Interests Image: Comparison of the property securities Equity Tenant-in-Common Securities Debt Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Cother Right to Acquire Security Image: Comparison of the property Other Right to Acquire Security Other (describe) Offering for common shares at \$0.20 US
10. Business Combination Transaction
Is this offering being made in connection with a business combination C Yes No No
Clarification of Response (if Necessary)
11. Minimum Investment Minimum investment accepted from any outside investor \$
12. Sales Compensation
Recipient CRD Number
(Associated) Broker or Dealer I None (Associated) Broker or Dealer CRD None
Street Address 2
City State/Province/Country ZIP/Postal Code
State(s) of Solicitation
13. Offering and Sales Amounts
Total Offering Amount \$ 1860020 USD □ Indefinite Total Amount Sold \$ 1860020 USD □
Total Remaining to be \$ 0 USD [Indefinite
Clarification of Response (if Necessary) Offering for common shares at \$0.20 US per share.
14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, 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 & Finders' 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	y)			
16. Use of Proceeds				
Provide the amount of the gross proce any of the persons required to be nam If the amount is unknown, provide an	ed as executive offi	cers, directors or prom	oters in response to Item	
	\$ 0		USD 🗖 Es	timate
Clarification of Response (if Necessary	y)			
Signature and Submis	sion			

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, 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 Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) 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
TITAN MEDICAL INC	/s/ Stephen Randall	Stephen Randall	Chief Financial Officer	2017-11-02