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	7		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/Organizatio	n		C Other
 Over Five Years Ago 			<u>.</u>
• 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	
155 University Avenue		Suite 750	
City	State/Province/Country	y ZIP/Postal Code	Phone No. of Issuer
TORONTO	ONTARIO, CANAD	A M5H 3B7	416-548-7522

3. Related Persons

Last Name Fi		First Name		Middle Name
McNally		David		
Street Address 1			Street Address 2	
155 University Avenu	e		Suite 750	
City		State/Province/Country		ZIP/Postal Code
Toronto		ONTARIO, C.	ANADA	M5H 3B7
Relationship:	Execut	ive Officer	Director	Promoter
Clarification of Response	(II Necessary)		
Last Name		First Name		Middle Name
Randall		Stephen		
Street Address 1			Street Address 2	
155 University Avenu	e		Suite 750	
City		State/Province/O	Country	ZIP/Postal Code
Toronto		ONTARIO, C.	ANADA	M5H 3B7
Relationship:	Execut	ive Officer	Director	Promoter

Clarification	of	Response	(if	Necessary)
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Last Name		First Name		Middle Name
Federico		Charles]
Street Address 1			Street Address 2	-
155 University Avenu	e		Suite 750	
City		State/Province/0	Country	ZIP/Postal Code
Toronto		ONTARIO, C	ANADA	M5H 3B7
Relationship:	Execut	ive Officer	Director	Promoter
Clarification of Response	(if Necessary)		
Last Name		First Name		Middle Name
Barker		John		E.
Street Address 1			Street Address 2	
155 University Avenu	e		Suite 750	
City		State/Province/0	Country	ZIP/Postal Code
Toronto		ONTARIO, C	ANADA	M5H 3B7
Relationship:	Execut	ive Officer	Director	Promoter Promoter
Clarification of Response	(if Necessary)		
		/		
Last Name		First Name		Middle Name
Schellhorn		John		E .
Street Address 1			Street Address 2	
155 Their section Assess	e		Suite 750	
155 University Avenu				
City		State/Province/0	Country	ZIP/Postal Code
		State/Province/O		ZIP/Postal Code
City				
City				
City Toronto Relationship:	Execut	ONTARIO, C		M5H 3B7
City Toronto	Execut	ONTARIO, C		M5H 3B7
City Toronto Relationship:	Execut	ONTARIO, C		M5H 3B7

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 Business Services

Energy

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

C Retailing

- C Restaurants
 - Technology
 - C Computers
- Pharmaceuticals Other Health Care

Hospitals & Physicians

Health Insurance

Health Care

0

0

0

0

C Manufacturing

Real Estate

0

0

0

C

C Commercial

Construction

Residential

REITS & Finance

Other Real Estate

C Biotechnology

- C Telecommunications
- C Other Technology

Travel

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

• Other

5. Issuer Size

Revenue Range

- C No Revenues
- C \$1 \$1,000,000
- C \$1,000,001 \$5,000,000
- C \$5,000,001 \$25,000,000
- C \$25,000,001 \$100,000,000
- C Over \$100,000,000
- O Decline to Disclose
- C Not Applicable

- Aggregate Net Asset Value Range O No Aggregate Net Asset Value
- C \$1 \$5,000,000
- C \$5,000,001 \$25,000,000
- © \$25,000,001 \$50,000,000
- C \$50,000,001 \$100,000,000
- Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply) □ Rule 504(b)(1) (not (i), (ii) or (ii), (ii) or (iii)) □ Rule 504(b)(1)(i) □ Rule 504 (b)(1)(i)

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)

7. Type of Filing

New Notice Da

Date of First Sale 2020-05-06

First Sale Yet to Occur

☐ Amendment

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8. Duration of Offering

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

O Yes O No

9. Type(s) of Securities Offered (select all that apply)

Pooled Investment Fund Equity

Tenant-in-Common Securities 🔲 Debt

Γ	Mineral Property Securities	•	Option, Warrant or Other Right to Acquire Another Security
•	Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		Other (describe)

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10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside \$ 0 USD
12. Sales Compensation
Recipient CRD Number 🔲 None
H.C. Wainwright & Co., LLC
(Associated) Broker or Dealer I I None (Associated) Broker or Dealer CRD I None Number
Street Address 1 Street Address 2
430 Park Avenue
City State/Province/Country ZIP/Postal Code
New York IO022
State(s) of Solicitation 🔲 All States 🔲 Foreign/Non-US
CALIFORNIA
ILLINOIS
NEW YORK
TEXAS

13. Offering and Sales Amounts					
Total Offering Amount	I816613 USD 🗆 Indefinite				
Total Amount Sold	\$ 813886 USD				
Total Remaining to be Sold	§ 1002727 USD □ Indefinite				
Clarification of Response (if Necessary)				
a purchase price of \$0.3	ats to purchase 2,757,252 common shares at 3002 per share and (ii) warrants to non shares at a purchase price of \$0.45335				
14. Investors					
, <u> </u>					
	es 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 \Box

Regardless of whether securities in the offering have been or may be sole
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	Expense
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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	\$	140000	USD	Γ	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.

	\$ 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, 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 the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in w
- 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	Stephen Randall	Stephen Randall	Chief Financial Officer	2020-05-15