

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

OMB APPROVAL

OMB Number: 3235-0076

Expires: August 31, 2015

Estimated Average burden hours per response: 4.0

CIK (Filer ID Number)	Previous Name(s)	<b>▼</b> None	Entity Type
0000840551			• Corporation
Name of Issuer	<del>.</del>		C Limited Partnership
TITAN MEDICAL INC			C Limited Liability Company
Jurisdiction of Incorporation/Organization			General Partnership
ONTARIO, CANADA			C Business Trust
Year of Incorporation/Organiz	ation		C Other
<ul> <li>Over Five Years Ago</li> </ul>			
O Within Last Five Years (Specify Year)			
O Yet to Be Formed			

2. Principal Place of	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	ZIP/Postal Code	Phone No. of Issuer			
TORONTO	ONTARIO, CANADA	M5H 3B7	416-548-7522			

0 0 1 1 10				
3. Related Persons				
Last Name	First Name		Middle Name	
McNally	David			
Street Address 1		Street Address 2	•	
155 University Avenue		Suite 750		
City	State/Province/O	Country	ZIP/Postal Code	
Toronto	ONTARIO, C	ANADA	M5H 3B7	
Relationship: Execut	tive Officer	Director	Promoter	
Clarification of Response (if Necessary	v)			
	,			
Last Name	First Name		Middle Name	
Delorme Monique			L.	
Street Address 1		Street Address 2		
155 University Avenue, Suite 750				
City	State/Province/C	Country	ZIP/Postal Code	
Toronto	ONTARIO, C	ANADA	M5H 3B7	
	-		-	
Relationship: Execut	tive Officer	Director	Promoter	

Tiss University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto  ONTARIO, CANADA  Relationship: Executive Officer Director  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Giovinazzo Intoversity Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA  Relationship: Executive Officer Director  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Vance Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA  Relationship: Street Address 2  Iss University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA  Relationship: Street Address 2  Iss University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA  Middle Name  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Relationship: Street Address 1  Street Address 1  Street Address 2  Iss University Avenue, Suite 750  Last Name First Name Middle Name  Randall Stephen  Street Address 2	Last Name		First Name		Middle	Name	
City State/Province/Country ZIP/Postal Code    Toronto	Cataford		Paul				
City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Giovinazzo Januarzo Jan	Street Address 1			Street Address 2			
Relationship:	155 University Avenue	e, Suite 750					
Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Giovinazzo   Anthony   J.  Street Address 1   Street Address 2    155 University Avenue, Suite 750	City		State/Province/O	Country	ZIP/Pos	stal Code	
Clarification of Response (if Necessary)  Last Name First Name Middle Name  Giovinazzo	Toronto		ONTARIO, C.	ANADA	M5H 3B7		
Clarification of Response (if Necessary)  Last Name First Name Middle Name  Giovinazzo							
Last Name  Glovinazzo  Anthony  J.  Street Address 1  Street Address 2  155 University Avenue, Suite 750  City  State/Province/Country  Clarification of Response (if Necessary)  Last Name  First Name  First Name  First Address 2  155 University Avenue, Suite 750  City  State/Province/Country  Clarification of Response (if Necessary)  Last Name  First Name  Street Address 2  155 University Avenue, Suite 750  City  State/Province/Country  Clarification of Response (if Necessary)  Relationship:  Executive Officer  Director  Promoter  Clarification of Response (if Necessary)  Street Address 2  155 University Avenue, Suite 750  City  State/Province/Country  Director  Promoter  Clarification of Response (if Necessary)  Street Address 2  155 University Avenue, Suite 750  Clarification of Response (if Necessary)  Street Address 2  155 University Avenue, Suite 750  City  State/Province/Country  Zip/Postal Code  Notationship:  Toronto  ONTARIO, CANADA  Middle Name  Randall  Stephen  Street Address 2  155 University Avenue, Suite 750  City  State/Province/Country  Zip/Postal Code  Toronto  ONTARIO, CANADA  MSH 3B7  Relationship:  Executive Officer  Director  Promoter	Relationship:	Execut	ive Officer	Director		Promoter	
Giovinazzo    Anthony	Clarification of Response	(if Necessary	)				
Giovinazzo    Anthony							_
Street Address 1  Street Address 2    ISS University Avenue, Suite 750	Last Name		First Name		Middle	Name	
City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer	Giovinazzo		Anthony		J.		
City State/Province/Country ZIP/Postal Code  Toronto  ONTARIO, CANADA  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Vance Cary G.  Street Address 1 Street Address 2  155 University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Randall Stephen  Street Address 1 Street Address 2  155 University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer Director Promoter  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer Director Promoter	Street Address 1			Street Address 2			
Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Vance   Cary   G.	155 University Avenue	e, Suite 750					
Relationship:	City		State/Province/0	Country	ZIP/Pos	stal Code	
Clarification of Response (if Necessary)  Last Name First Name Middle Name  Vance  Street Address 1  Street Address 2  I55 University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Randall Stephen  Street Address 1  Street Address 2  I55 University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter	Toronto		ONTARIO, C.	ANADA	М5Н	3B7	
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Last Name   First Name   Middle Name    Vance   Cary   G.  Street Address 1   Street Address 2    I55 University Avenue, Suite 750	Relationship:	Execut	ive Officer	□ Director		Promoter	
Last Name   First Name   Middle Name    Vance   Cary   G.  Street Address 1   Street Address 2    I55 University Avenue, Suite 750	Clarification of Response	(if Necessary	)				
Street Address 1 Street Address 2    Issurerity Avenue, Suite 750	Clai incation of Response	(II Iveeessai y	,				
Street Address 1 Street Address 2    Issurerity Avenue, Suite 750							_
Street Address 2    155 University Avenue, Suite 750	Last Name		First Name		Middle	Name	
Street Address 1  Street Address 2  ISS University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Randall Stephen  Street Address 1  Street Address 2  ISS University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA MSH 3B7  Relationship: Executive Officer Director Promoter	Vance		Cary		G.		
City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Randall Stephen  Street Address 1 Street Address 2  155 University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter	Street Address 1			Street Address 2			
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Relationship:	-						
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Last Name    Randall   Stephen	Relationship:	Execut	ive Officer	<b>☑</b> Director		Promoter	
Stephen   Street Address 2	Clarification of Response	(if Necessary	·)				
Stephen   Street Address 2							
Stephen   Street Address 2							
Street Address 1  Street Address 2  155 University Avenue, Suite 750  City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter	Last Name		First Name		Middle	Name	
City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter	Randall		Stephen				
City State/Province/Country ZIP/Postal Code  Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter	Street Address 1			Street Address 2			
Toronto ONTARIO, CANADA M5H 3B7  Relationship: Executive Officer Director Promoter	155 University Avenue	e, Suite 750					
Relationship: Executive Officer Director Promoter	City		State/Province/C	Country	ZIP/Pos	stal Code	
	Toronto		ONTARIO, C.	ANADA	М5Н	3B7	
Clarification of Response (if Necessary)	Relationship:	Execut	ive Officer	□ Director		Promoter	
	Clarification of Response	(if Necessary	<u> </u>				

## 4. Industry Group

C Agriculture	Health Care	Retailing
Banking & Financial Services	C Biotechnology	© Restaurants
C Commercial Banking	C Health Insurance	
C Insurance	C Hospitals & Physicians	Technology
C Investing	C Pharmaceuticals C Other Health Care	C Computers
C Investment Banking	Other Health Care	C Telecommunications
Pooled Investment Fund		C Other Technology
Other Banking & Financial C Services		Travel
C Business Services	Manufacturing	C Airlines & Airports
Energy	Real Estate	C Lodging & Conventions
Coal Mining	C Commercial C Construction	C Tourism & Travel Services
© Electric Utilities	C REITS & Finance	C Other Travel
C Energy Conservation C Environmental Services	C Residential	• Other
C Oil & Gas	Other Real Estate	
C Other Energy		
5. Issuer Size		
Revenue Range	Aggregate Net Asset	Value Range
C No Revenues	744	te Net Asset Value
C \$1 - \$1,000,000	C \$1 - \$5,000,0	000
C \$1,000,001 - \$5,000,000	C \$5,000,001 -	\$25,000,000
C \$5,000,001 - \$25,000,000	\$25,000,001	- \$50,000,000
C \$25,000,001 - \$100,000,000	C \$50,000,001	- \$100,000,000
Over \$100,000,000	C Over \$100,0	00,000
© Decline to Disclose	C Decline to D	isclose
C Not Applicable	C Not Applica	ble
6. Federal Exemption(s)	and Evalusion(s) Clair	mod (soloct all that
apply)	and Exclusion(s) Clair	ned (select all that
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 Se	ction 3(c)
7. Type of Filing		
New Notice Date of First Sale	2021-02-24	First Sale Yet to Occur
_	2021-02-24	1 1150 5410 1 2000 50041
Amendment		
8. Duration of Offering		
Does the Issuer intend this offering to last	more than one year?	• Yes C No
2005 the 155ther intenti this Otherning to fast	more than one year:	163 110
9. Type(s) of Securities (	Offered (select all that	apply)
Pooled Investment Fund	Equity	
Interests  Tenant-in-Common Securities	Debt	

Mineral Property Securities  Security to be Acquired Upon	Option, Warrant or Other Right to Acquire Another Security	
Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)	
	Unit offering; each Unit consists of one common share and one-half of one common share purchase warrant; each whole warrant exercisable at \$3.00 for 24 months.	1
10. Business Combin	ation Transaction	
s this offering being made in connec		ē ,;
ransaction, such as a merger, acquis	ittion or exchange offer?	No
Clarification of Response (if Necessa	ry)	
11. Minimum Investm	ent	
Minimum investment accepted from		USD
investor	<u>l</u>	
12. Sales Compensat	ion	
Recipient	Recipient CRD Number	None None
Bloom Burton Securities Inc.		
(Associated) Broker or Dealer	None (Associated) Broker of Number	r Dealer CRD None
Haywood Securities (USA) Inc.	42072	
Street Address 1	Street Address 2	
200 Burrard Street	Suite 700	
City	State/Province/Country	ZIP/Postal Code
Vancouver	BRITISH COLUMBIA, CANADA	V6C 3L6
State(s) of Solicitation	ll States Foreign/Non-US	
ILLINOIS		
TEXAS		
13. Offering and Sale	s Amounts	
T		
Total Offering Amount \$ 494130		
Total Amount Sold \$ 304080  Total Remaining to be		
Sold \$ 190050	USD   Indefinite	
Clarification of Response (if Necessa	ry)	
Total remaining to be sold repre price of warrants.	sents maximum potential exercise	
price of warrants.		
14. Investors		
Select if securities in the of	fering have been or may be sold to persons wh	0

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	\$ 212856	USD	V	Estimate
Finders' Fees	\$ 0	USD	П	Estimate

Clarification of Response (if Necessary)

In addition to the cash compensation above, the agents received 88,690 warrants in connection with certain U.S. sales; each warrant is exercisable for one share of common stock at \$3.00 for 24 months.

### 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 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/ Monique L. Delorme	Monique L. Delorme	Chief Financial Officer	2021-03-09