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 Nu	mber) Previ Nan	X None		Entity Type
<u>0001814550</u>	-		х	Corporation
Name of Issue	er			Limited Partnership
Surrozen, Inc.				Limited Liability Company
Jurisdiction o Incorporation/Orga DELAWARE				General Partnership Business Trust
Year of Incorpora	tion/Organization			Other (Specify)
Over Five Years Ago	0			
X Within Last Five Years ( Yet to Be Formed	Specify Year) 2015			
2. Principal Place of Busine	ss and Contact Informa	ition		
Name	of Issuer			
Surrozen, Inc.				
Street A	Address 1		Street Ad	dress 2
171 OYSTER POINT BLV	D.	SUITE 400		
City	State/Province/Co	untry ZIP/Pos	stalCode	Phone Number of Issuer
SOUTH SAN FRANCISCO	CALIFORNIA	94080	5	10-703-9491
3. Related Persons				
Last Name		First Name		Middle Name
Parker	Craig			
Street Address 1	S	treet Address 2		
171 Oyster Point Blvd.	Suite 400			
City	State	e/Province/Country	:	ZIP/PostalCode
South San Francisco	CALIFORM	NIA	94080	
<b>Relationship:</b> X Executive	Officer X Director	Promoter		
Clarification of Response (if	Necessary):			
Last Name		First Name		Middle Name
Berkenblit	Anna			
Street Address 1	S	treet Address 2		
171 Origina Doint Dlad	Series 400			

171 Oyster Poir	nt Blvd.	Suite 400		
	City	State/Province/Country		ZIP/PostalCode
South San Fran	cisco	CALIFORNIA	94080	
<b>Relationship</b> :	Executive Officer X	Director Promoter		

Clarification of Response (if Necessary):

	David	
Street Address 1	Street Address 2	
5	Suite 400	
City	State/Province/Country	ZIP/PostalCode
	CALIFORNIA	94080
<b>Relationship:</b> Executive Officer X I	Director Promoter	
Clarification of Response (if Necessary	):	
Last Name	First Name	Middle Name
5	Tim	
Street Address 1	Street Address 2	
5	Suite 400	
City	State/Province/Country	ZIP/PostalCode
	CALIFORNIA	94080
<b>Relationship:</b> Executive Officer X I	Director Promoter	
Clarification of Response (if Necessary	):	
Last Name	First Name	Middle Name
	Harold	
Street Address 1	Street Address 2	
5	Suite 400	710/04-10/-1-
City	State/Province/Country CALIFORNIA	ZIP/PostalCode 94080
South San Francisco		J+000
South San Francisco <b>Relationship:</b> Executive Officer X I Clarification of Response (if Necessary	Director Promoter	
<b>Relationship:</b> Executive Officer X I Clarification of Response (if Necessary I. Industry Group	Director Promoter ):	
<b>Relationship:</b> Executive Officer X I Clarification of Response (if Necessary I. Industry Group Agriculture	Director Promoter ): Health Care	Retailing
Relationship: Executive Officer X I Clarification of Response (if Necessary I. Industry Group Agriculture Banking & Financial Services	Director Promoter ): Health Care X Biotechnology	Retailing Restaurants
Relationship: Executive Officer X E Clarification of Response (if Necessary . Industry Group Agriculture Banking & Financial Services Commercial Banking	Director Promoter ): Health Care	C C
Relationship: Executive Officer X I Clarification of Response (if Necessary I. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance	Director Promoter ): Health Care X Biotechnology	Restaurants
Relationship: Executive Officer X I Clarification of Response (if Necessary . Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing	Director Promoter ): Health Care X Biotechnology Health Insurance	Restaurants Technology
Relationship: Executive Officer X I Clarification of Response (if Necessary I. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals	Restaurants Technology Computers Telecommunications
Relationship: Executive Officer X I Clarification of Response (if Necessary Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care	Restaurants Technology Computers Telecommunications Other Technology
Relationship: Executive Officer X I Clarification of Response (if Necessary I. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing	Restaurants Technology Computers Telecommunications Other Technology Travel
Relationship: Executive Officer X I Clarification of Response (if Necessary Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
Relationship: Executive Officer X I Clarification of Response (if Necessary Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940?	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Relationship: Executive Officer X I   Clarification of Response (if Necessary   Clarification of Response (if Necessary   Industry Group   Agriculture   Banking & Financial Services   Commercial Banking   Insurance   Investing   Investment Banking   Pooled Investment Fund   Is the issuer registered as an investment company under the Investment Company   Act of 1940?   Yes No	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
Relationship: Executive Officer X I   Clarification of Response (if Necessary   Clarification of Response (if Necessary   Agriculture   Banking & Financial Services   Commercial Banking   Insurance   Investing   Investing   Investment Banking   Pooled Investment Fund   Is the issuer registered as an investment company under the Investment Company Act of 1940?   Yes No   Other Banking & Financial Service	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Relationship: Executive Officer X I   Clarification of Response (if Necessary   Clarification of Response (if Necessary   Agriculture   Banking & Financial Services   Commercial Banking   Insurance   Investing   Investing   Pooled Investment Fund   Is the issuer registered as an investment company under the Investment Company   Act of 1940?   Yes No   Other Banking & Financial Service	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services
Relationship: Executive Officer X I   Clarification of Response (if Necessary   Lindustry Group   Agriculture   Banking & Financial Services   Commercial Banking   Insurance   Investing   Investing   Pooled Investment Fund   Is the issuer registered as an investment company under the Investment Company Act of 1940?   Yes No   Other Banking & Financial Service   Business Services   Energy	Director Promoter ): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction es REITS & Finance	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel
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First Name

Middle Name

Last Name

### 5. Issuer Size

<b>Revenue Range</b>	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$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
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

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

	Investment Company	Investment Company 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 2020-06-04 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	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient

(Associated) Broker or Dealer X None

Recipient CRD Number X None

(Associated) Broker or Dealer CRD Number

### **Street Address 1**

# Street Address 2

City			State/Province/Country
State(s) of Solicitation (select all that apply) Check "All States" or check individual States			Foreign/non-US tes
13. Offering and Sales Amo	ounts		
Total Offering Amount	\$50,000,000 USD	or	Indefinite
Total Amount Sold	\$49,999,991 USD		
Total Remaining to be Sold	l \$9 USD	or	Indefinite

Clarification of Response (if Necessary):

#### 14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the 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 & 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.

ZIP/Postal Code • 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
Surrozen, Inc.	/s/ Craig Parker	Craig Parker	Chief Executive Officer	2020-06-18

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.