

INSPIREMD, INC.

FORM D

(Small Company Offering and Sale of Securities Without Registration)

Filed 04/18/12

Address 321 COLUMBUS AVENUE

BOSTON, MA 02116

Telephone (857) 453-6553

CIK 0001433607

Symbol NSPR

SIC Code 3841 - Surgical and Medical Instruments and Apparatus

Industry Medical Equipment & Supplies

Sector Healthcare

Fiscal Year 12/31



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

OMB Number: 3235-0076 Estimated Average burden

OMB APPROVAL

hours per response: 4.0

FORM D

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) O None

0001433607 Saguaro Resources, Inc.

Name of Issuer InspireMD, Inc.

Jurisdiction of Incorporation/Organization

DELAWARE

Entity Type

X Corporation

O Limited Partnership

O Limited Liability Company

O General Partnership

O Business Trust

O Other

Year of Incorporation/Organization

O Over Five Years Ago

Within Last Five Years (Specify Year) 2008

Yet to Be Formed

2. Principal Place of Business and Contact **Information**

Name of Issuer

InspireMD, Inc.

Street Address 1 Street Address 2

4 MENORAT HAMOR ST.

City State/Province/Country ZIP/Postal Code Phone No. of Issuer **TEL AVIV ISRAEL** 67448 972-3-6917691

3. Related Persons

		First Name			Middle Naı	ne			
		OC							
		Ofir							
			Stı	reet Address 2					
MAC	OR ST.								
City			ountry	,	ZIP/Postal Code				
		ISRAEL			67448				
Χ	Executive O	Officer	Χ	Director	0	Promoter			
ponse	(if Necessary)								
		First Name			Middle Naı	ne			
		Asher							
			Stı	reet Address 2					
MAC	OR ST.								
		State/Province/Co	ountry	,	ZIP/Postal	Code			
		ISRAEL			67448				
Χ	Executive O	Officer	Χ	Director	0	Promoter			
ponse	(if Necessary)								
		First Name			Middle Naı	ne			
		Craig							
MAC	OR ST.		Stı	reet Address 2					
		State/Province/Co	untrv	,	ZIP/Postal	Code			
			, u. 1. u. j			0040			
Y	Executive O		0	Director		Promoter			
			Ü	21100001	J	1101110101			
	(
		First Name			Middle Naı	ne			
		Sol							
			Stı	reet Address 2					
		State/Province/Co	ountry	,	ZIP/Postal	Code			
		NEW JERSEY			07945				
0	Executive O	fficer	Χ	Director	0	Promoter			
ponse	(if Necessary)								
	•								
	X ponse X ponse X ponse	AMAOR ST. X Executive Oponse (if Necessary) AMAOR ST. X Executive Oponse (if Necessary)	State/Province/Construction State/Province/Construction First Name Asher AMAOR ST. State/Province/Construction First Name Craig State/Province/Construction State/Province/Construction State/Province/Construction State/Province/Construction First Name Craig State/Province/Construction First Name Sol State/Province/Construction State/Province/Constru	State/Province/Country ISRAEL X Executive Officer X ponse (if Necessary) First Name Asher State/Province/Country ISRAEL X Executive Officer X ponse (if Necessary) First Name Craig State/Province/Country ISRAEL X Executive Officer O ponse (if Necessary) First Name State/Province/Country ISRAEL X Executive Officer O ponse (if Necessary)	State/Province/Country ISRAEL X Executive Officer X Director Prist Name Asher Street Address 2 AMAOR ST. State/Province/Country ISRAEL X Executive Officer X Director Ponse (if Necessary) First Name Craig Street Address 2 AMAOR ST. State/Province/Country ISRAEL X Executive Officer O Director Ponse (if Necessary) First Name Sol Street Address 2 State/Province/Country ISRAEL X Executive Officer O Director Ponse (if Necessary)	State/Province/Country ISRAEL X Executive Officer X Director O ponse (if Necessary) First Name Asher Street Address 2 MAOR ST. State/Province/Country ISRAEL X Executive Officer X Director O Middle Name Craig Street Address 2 MAOR ST. First Name Craig Street Address 2 MAOR ST. State/Province/Country ISRAEL X Executive Officer State/Province/Country ISRAEL X Executive Officer O Director O ponse (if Necessary) First Name Sol Street Address 2 Middle Name Sol Street Address 2 State/Province/Country ISRAEL X Executive Officer O Director O Director	State/Province/Country ISRAEL X Executive Officer X Director O Promoter Propose (if Necessary) First Name Asher Street Address 2 AMAOR ST. State/Province/Country ISRAEL X Executive Officer Craig Street Address 2 State/Province/Country ISRAEL X Executive Officer State/Province/Country ISRAEL State/Province/Country ISRAEL X Executive Officer State/Province/Country ISRAEL State/Province/Country		

Last Name		First Name			Middle Nan	1e		
Stuka		Paul						
Street Address 1			Street Address 2					
c/o Osiris Partnei	C	One Liberty Sq			quare, 5th Floor			
City		State/Province/	Country	ZIP/Postal Code				
Boston		MASSACHU	MASSACHUSETTS			02109		
Relationship:	0	Executive Officer	Х	Director	0	Promoter		
Clarification of Res	sponse	(if Necessary)						
Last Name		First Name			Middle Nan			
Weinstein		Eyal						
Street Address 1		•	St	reet Address 2	}			
c/o LEOREX Ltd	ł.		P.	atam				
City		State/Province/	Country	7	ZIP/Postal (Code		
Haifa		ISRAEL	•		31905			
Relationship:	0	Executive Officer	Х	Director	0	Promoter		
Clarification of Res	sponse	(if Necessary)						
Last Name		First Name			Middle Nan	1e		
Barry		James						
Street Address 1			St	reet Address 2	:			
4 MENORAT HA	AMAC	OR ST.						
City		State/Province/	Country	7	ZIP/Postal (Code		
Γel Aviv		ISRAEL			67448			
Relationship:	0	Executive Officer	Х	Director	0	Promoter		
Clarification of Res	sponse	(if Necessary)						

4. Industry Group

O Agriculture

Banking & Financial Services

- O Commercial Banking
- O Insurance
- Investing
- **Investment Banking**
- **Pooled Investment Fund**
- Other Banking & Financial

- **Health Care**
 - O Biotechnology
 - **Health Insurance**
 - **Hospitals & Physicians**
 - Pharmaceuticals
 - O Other Health Care
- Restaurants

Retailing

- **Technology**
 - **O** Computers
 - **O** Telecommunications
 - O Other Technology

Travel

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

O Manufacturing

- **Real Estate**
 - O Commercial
 - Construction
 - **REITS & Finance**
 - Residential
 - Other Real Estate

O Business Services

Energy

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

5. Issuer Size

Revenue Range

- No Revenues 0
- \$1 \$1,000,000 0
- \$1,000,001 \$5,000,000 0
- \$5,000,001 \$25,000,000 0
- \$25,000,001 \$100,000,000 0
- Over \$100,000,000 O
- **Decline to Disclose** Χ Not Applicable

0

- Aggregate Net Asset Value Range
- No Aggregate Net Asset Value 0
- \$1 \$5,000,000 0
- 0 \$5,000,001 - \$25,000,000
- \$25,000,001 \$50,000,000 0
- \$50,000,001 \$100,000,000 0
- Over \$100,000,000 0
- **Decline to Disclose** 0
- 0 Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)							
0	Rule 504(b)(1) (not (i), (ii) or (iii))	0	Rule 505				
0	Rule 504 (b)(1)(i)	Х	Rule 506				
0	Rule 504 (b)(1)(ii)	Ο	Securities Act Section 4(6)				

7. Type of Filing

Rule 504 (b)(1)(iii)

X New Notice Date of First Sale 2012-04-05 O First Sale Yet to Occur

Investment Company Act Section 3(c)

0

O 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)

O Pooled Investment Fund Interests
O Equity
O Tenant-in-Common Securities
X Debt

O Mineral Property Securities X Option, Warrant or Other Right to Acquire

Another Security

O Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security O 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?

O Yes X No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor

\$ 0 USD

12. Sales Compensation

2. Suics comp	CHBU					
Recipient			Recipient CRD Numb	er	0	None
Palladium Capital Advisors, LLC			129400			
Associated) Broker or Dealer	0	None	(Associated) Broker of Number	r Dealer CRD	0	None
Palladium Capital Advisors, LLC			129400			
treet Address 1			Street Address 2			
230 PARK AVENUE			SUITE 539			
City		State/Provi	nce/Country	ZIP/Post	al Code	
NEW YORK		NEW YO	RK	10169		
State(s) of Solicitation O NEW YORK	All States		O Foreign/Non-US	S		
Recipient			Recipient CRD Numb	er	0	None
OPPENHEIMER & CO. INC.			249			
Associated) Broker or Dealer	0	None	(Associated) Broker of Number	r Dealer CRD	0	None
OPPENHEIMER & CO. INC.			249			
Street Address 1			Street Address 2			
125 BROAD STREET			16TH FLOOR			
City		State/Provi	nce/Country	ZIP/Post	al Code	:
NEW YORK		NEW YO	RK	10004		
State(s) of Solicitation O CALIFORNIA	All States		O Foreign/Non-US	S		
Recipient			Recipient CRD Numb	er	0	None
JMP SECURITIES LLC			22208			
Associated) Broker or Dealer	0	None	(Associated) Broker of Number	r Dealer CRD	0	None
JMP SECURITIES LLC			22208			
Street Address 1			Street Address 2			
600 MONTGOMERY STREET			SUITE 1100			
City		State/Provi	nce/Country	ZIP/Post	al Code	
SAN FRANCISCO		CALIFOI	RNIA	94111		
State(s) of Solicitation O	All States		O Foreign/Non-US	S		

13. Offering and Sales Amounts

Total Offering Amount \$ 11000000 USD O Indefinite

Total Amount Sold \$ 11000000 USD

Total Remaining to be Sold \$ 0 USD O Indefinite

Clarification of Response (if Necessary)

The company issued convertible promissory notes in the aggregate principal amount of \$11,702,128 with an original issue discount of 6%, resulting in aggregate gross proceeds to the company of \$11,000,000.

14. Investors

O 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 \$ 848750 USD O Estimate

Finders' Fees \$ 0 USD O 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 O 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 the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

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
InspireMD, Inc.	/s/ Craig Shore	Craig Shore	Chief Financial	2012-04-18