

## **INSPIREMD, INC.**

FORM D (Small Company Offering and Sale of Securities Without Registration)

## Filed 01/18/13

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

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Washington, D.C.

#### OMB APPROVAL OMB Number: 3235-0076 Estimated Average burden hours per response: 4.0

## FORM D

Notice of Exempt Offering of Securities

### 1. Issuer's Identity

CIK (Filer ID Number)	CIK	(Filer	ID	Num	ber)
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Previous Name(s) 
None
Saguaro Resources, Inc.

Name of Issuer

0001433607

InspireMD, Inc.

Jurisdiction of Incorporation/Organization DELAWARE Entity Type

- Corporation
- Limited Partnership
   Limited Liability Communication
- Limited Liability CompanyGeneral Partnership
- Business Trust
- □ Other

Year of Incorporation/Organization

- Over Five Years Ago
- X 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

 City
 State/Province/Country

 TEL AVIV
 ISRAEL

 67448

Phone No. of Issuer 972-3-6917691

## **3. Related Persons**

Last Name	First Name		Middle Name	
Milinazzo	Alan		W.	
Street Address 1		Street Address 2		
4 Menorat Hamao	or St.			
City	State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv	ISRAEL		67448	
Relationship:	<b>X</b> Executive Officer	X Director	Promoter	
Clarification of Resp	ponse (if Necessary)			
Last Name	First Name		Middle Name	
Shore	Craig			
Street Address 1	C C	Street Address 2		
4 Menorat Hamao	or St.			
City	State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv	ISRAEL		67448	
Relationship:	<b>X</b> Executive Officer	Director	Promoter	
- Clarification of Res		—	—	
Last Name	First Name		Middle Name	
Bar	Eli			
Street Address 1		Street Address 2		
4 Menorat Hamao	or St.			
City	State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv	ISRAEL		67448	
Relationship:	<b>X</b> Executive Officer	Director	Promoter Promoter	
Clarification of Resp	ponse (if Necessary)			
Last Name	First Name		Middle Name	
Ratini	Robert			
Street Address 1		Street Address 2		
4 Menorat Hamao	or St.			
City	State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv	ISRAEL		67448	
Relationship:	<b>Executive Officer</b>	Director	Promoter	
Clarification of Resp	ponse (if Necessary)			
-				

Last Name		First Name		Middle Name	
Barer		Sol		J.	
Street Address 1			Street Address 2		
4 Menorat Hama	or St.				
City		State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv		ISRAEL		67448	
Relationship:		Executive Officer	X Director	Promoter	
Clarification of Res	ponse	(if Necessary)			
Last Name		First Name		Middle Name	
Barry		James			
Street Address 1			Street Address 2		
4 Menorat Hama	or St.				
City		State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv		ISRAEL		67448	
Relationship:		Executive Officer	× Director	Promoter	
Clarification of Res	ponse	(if Necessary)			
Last Name		First Name		Middle Name	
Holzer		Asher			
Street Address 1			Street Address 2		
4 Menorat Hama	or St.				
City		State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv		ISRAEL		67448	
Relationship:		Executive Officer	× Director	Promoter	
Clarification of Res	ponse	(if Necessary)			
Last Name		First Name		Middle Name	
Loughlin		James		J.	
Street Address 1			Street Address 2		
4 Menorat Hama	or St.				
City		State/Province/C	ountry	ZIP/Postal Code	
Tel Aviv		ISRAEL		67448	
Relationship:		Executive Officer	× Director	Promoter	
Relationship: Clarification of Res			X Director	Promoter	

Last Name		First Name			Middle Nai	me	
Paz		Ofir					
Street Address 1			Str	eet Address 2			
4 Menorat Hama	or St.						
City		State/Province/C	ountry		ZIP/Postal	Code	
Tel Aviv		ISRAEL			67448		
Relationship:		Executive Officer	$\mathbf{X}$	Director		Promoter	
Clarification of Res	sponse (	if Necessary)					
Last Name		First Name			Middle Nai	me	
Stuka		Paul					
Street Address 1			Str	eet Address 2			
4 Menorat Hama	or St.						
City		State/Province/C	ountry		ZIP/Postal	Code	
Tel Aviv		ISRAEL			67448		
Relationship:		Executive Officer	X	Director		Promoter	
Clarification of Res	sponse (	if Necessary)					
Last Name		First Name			Middle Nai	me	
Weinstein		Eyal					
Street Address 1			Str	eet Address 2			
4 Menorat Hama	or St.						
City		State/Province/C	ountry		ZIP/Postal	Code	
Tel Aviv		ISRAEL			67448		
Relationship:		Executive Officer	X	Director		Promoter	
Clarification of Res	sponse (	if Necessary)					

## 4. Industry Group

Agriculture	Health Care	<b>Retailing</b>
Banking & Financial Services	X Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing	Pharmaceuticals	<b>Telecommunications</b>
Investment Banking	Other Health Care	Other Technology
Pooled Investment Fund		Travel
Other Banking & Financial Services	□ Manufacturing	Airlines & Airports
	Real Estate	Lodging & Conventions
	Commercial	Tourism & Travel Services
	Construction	<b>Other Travel</b>
	<b>REITS &amp; Finance</b>	Other
	Residential	
	Other Real Estate	
Business Services		
Energy		
Coal Mining		

- Electric Utilities
- Energy Conservation
- **Environmental Services**
- 🔲 Oil & Gas
- **Other Energy**

## 5. Issuer Size

**Revenue Range** 

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

Aggregate Net Asset Value Range

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

# 6. 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)	X	Rule 506
	Rule 504 (b)(1)(ii)		Securities Act Section 4(5)
	Rule 504 (b)(1)(iii)		Investment Company Act Section 3(c)
7.	Type of Filing		

## New Notice Date of First Sale 2013-01-03 Image: First Sale Yet to Occur Amendment Image: First Sale Yet to Occur

## 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)

	Pooled Investment Fund Interests	X	Equity
	Tenant-in-Common Securities		Debt
	Mineral Property Securities	X	Option, Warrant or Other Right to Acquire Another Security
X	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	Voc	X	No
transaction, such as a merger, acquisition or exchange offer?	165		INU

Clarification of Response (if Necessary)

## 11. Minimum Investment

Minimum investment accepted from any outside investor

\$ 0 USD

## **12. Sales Compensation**

Recipient		Recipient CRD Number	<b>None</b>
(Associated) Broker or Dealer	None None	(Associated) Broker or Dealer CRD Number	None
Street Address 1		Street Address 2	
City	State/Pro	wince/Country ZIP/Po	ostal Code
State(s) of Solicitation	All States		

## 13. Offering and Sales Amounts

Total Offering Amount	\$ 308994	5	USD	Indefinite
Total Amount Sold	\$ 308994	5	USD	
Total Remaining to be Sold	\$ 0 USI	D		Indefinite

Clarification of Response (if Necessary)

Grant of nonqualified stock option to purchase 525,927 shares of the Company's common stock, incentive stock option to purchase 74,073 shares of common stock and 400,000 shares of restricted stock to the Company's CEO under his employment agreement.

### 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)

## 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, 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.	Craig Shore	Craig Shore	Chief Financial Officer	2013-01-18