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.

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UNI		AND EXCHANGE n, D.C. 20549 RM D	COMMISSION	OMB APPROVAL OMB 3235- Number: 0076 Estimated average
	Notice of Exempt	Offering of Securitie	S	burden hours per response: 4.00
1. Issuer's Identity				
CIK (Filer ID Nur	nber) Previous Names	X None	I	Entity Type
0001638287			X Corporation	
Name of Issue	r		Limited Part	nership
Gemphire Therapeutics Inc.				oility Company
Jurisdiction o	f		General Part	
Incorporation/Organ	nization		Business Tru	-
DELAWARE			Other (Speci	
Year of Incorpora	tion/Organization		- (	
Over Five Years Ago X Within Last Five Years (S Yet to Be Formed	Specify Year) 2014			
2. Principal Place of Busines	s and Contact Information			
	of Issuer			
Gemphire Therapeutics Inc.				
	Address 1		Street Address 2	
43334 7 MILE ROAD	State/Drugs/state/Carry	SUITE 1000		f T
City NORTHVILLE	State/Province/Country MICHIGAN	ZIP/PostalC 48167	Code         Phone Numb           248-980-6538	er of Issuer
3. Related Persons				
Last Name Sooch	<b>Firs</b> Mina	t Name	Middle Nan	le
Street Address 1		Address 2		
43334 7 Mile Road	Suite 1000			
City		vince/Country	ZIP/PostalCo	ode
Northville	MICHIGAN	U	48167	
<b>Relationship:</b> X Executive	Officer X Director Promote	er		
Clarification of Response (if				
		t Name	Middle Nan	
Last Name	Charles	t Name	Mildule Naff	le
Bisgaier Street Address 1		Address 2		
43334 7 Mile Road	Suite 1000	1 JUUI C33 2		
City		vince/Country	ZIP/PostalCo	de
Northville	MICHIGAN	ince, country	48167	
1.0101111110	11101110111		1010/	

Clarification of Response (if Necessary):

Relationship: X Executive Officer X Director Promoter

Last Name	First Name	Middle Name
Lowenschuss	David	
Street Address 1	Street Address 2	
43334 7 Mile Road	Suite 1000	
City	State/Province/Country	ZIP/PostalCode
Northville	MICHIGAN	48167
<b>Relationship:</b> X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
McShane	Margaret	
Street Address 1	Street Address 2	
43334 7 Mile Road	Suite 1000	
City	State/Province/Country	ZIP/PostalCode
Northville	MICHIGAN	48167
<b>Relationship:</b> X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Oniciu	Daniela	
Street Address 1	Street Address 2	
43334 7 Mile Road	Suite 1000	
City	State/Province/Country	ZIP/PostalCode
Northville	MICHIGAN	48167
<b>Relationship:</b> X Executive Officer		
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Kousky	Kenneth	
Street Address 1	Street Address 2	
Mid Michigan Innovation Center	2007 Austin St., Suite M	
City	State/Province/Country	ZIP/PostalCode
Midland	MICHIGAN	48642
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Board of Directors Member		
Last Name	First Name	Middle Name
Sassine	Andy	
Street Address 1	Street Address 2	
P.O. Box 9826		
City	State/Province/Country	ZIP/PostalCode
Rancho Santa Fe	CALIFORNIA	92067
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Board of Directors Member		
Last Name	First Name	Middle Name
Hawryluk	Р.	Kent
Street Address 1	Street Address 2	

12406 Horesha	ım Street				
	City		tate/Province/Country		ZIP/PostalCode
Carmel		INDIA		46032	
Relationship:	Executive Officer <i>Y</i>	K Director	Promoter		
Clarification of	Response (if Necessa	ary):			
Board of Direct	tors Member				
L	ast Name		First Name		Middle Name
Lichtinger		Pedro			
	et Address 1	A . DE	Street Address 2		
322 W. 57th St		Apt. 35			ZIP/PostalCode
New York	City	NEW Y	tate/Province/Country	10019	
	Executive Officer >			10015	
Clarification of	Response (if Necessa	ary):			
Board of Direct	-				
	ast Name		First Name		Middle Name
Mathiesen		Jeffrey			
Stre	et Address 1		Street Address 2		
43334 7 Mile F		Suite 10			
NT .1 ·11	City		tate/Province/Country	404.67	ZIP/PostalCode
Northville Belationship:	V Executive Officer	MICHI Director		48167	
Kelationship:	X Executive Officer	Director	Promoter		
Clarification of	Response (if Necessa	ary):			
	ast Name		First Name		Middle Name
Reno		Seth			
<b>Stre</b> 43334 7 Mile F	et Address 1	Suite 10	Street Address 2		
45554 / WIIIe F	City		tate/Province/Country		ZIP/PostalCode
Northville	City	MICHI	•	48167	
	X Executive Officer	Director			
Clarification of	Response (if Necessa	ary):			
T	ast Name		First Name		Middle Name
Gullans		Steve			
Stre	et Address 1		Street Address 2		
000 Devileters C					
800 Boylston S	Street	Suite 28	25		
800 Boyiston S	Street City	S	tate/Province/Country		ZIP/PostalCode
Boston	City	S MASSA	tate/Province/Country ACHUSETTS	02199	ZIP/PostalCode
-	City	S MASSA	tate/Province/Country ACHUSETTS	02199	ZIP/PostalCode
Boston Relationship:	City	S MASSA & Director	tate/Province/Country ACHUSETTS	02199	ZIP/PostalCode
Boston Relationship:	<b>City</b> Executive Officer <i>X</i> Response (if Necessa	S MASSA & Director	tate/Province/Country ACHUSETTS	02199	ZIP/PostalCode
Boston <b>Relationship:</b> Clarification of	<b>City</b> Executive Officer <i>X</i> Response (if Necessa cors Member	S MASSA & Director	tate/Province/Country ACHUSETTS	02199	ZIP/PostalCode
Boston <b>Relationship:</b> Clarification of Board of Direct	<b>City</b> Executive Officer <i>X</i> Response (if Necessa cors Member	S MASSA ( Director ary):	tate/Province/Country ACHUSETTS		<b>ZIP/PostalCode</b>
Boston <b>Relationship:</b> Clarification of Board of Direct 4. Industry Grov Agriculture	<b>City</b> Executive Officer <i>X</i> Response (if Necessa cors Member	S MASSA ( Director ary): He	tate/Province/Country ACHUSETTS Promoter	Retailing	ZIP/PostalCode
Boston <b>Relationship:</b> Clarification of Board of Direct 4. Industry Grov Agriculture Banking & F	City Executive Officer X Response (if Necessa Fors Member up	S MASSA (Director ary): He X	achusetts Promoter ealth Care		ZIP/PostalCode

Insurance Hospitals & Physicians Investing Pharmaceuticals **Investment Banking** Other Health Care Pooled Investment Fund Manufacturing Is the issuer registered as **Real Estate** an investment company under the Investment Company Commercial Act of 1940? Construction Yes No **REITS & Finance** Other Banking & Financial Services Residential **Business Services** Other Real Estate Energy Coal Mining **Electric Utilities Energy Conservation Environmental Services** Oil & Gas

Other Energy

## 5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
X 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
Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

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

	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) Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)		
Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)		
Rule 505	Section 3(c)(4)	Section 3(c)(12)		
X Rule 506(b) 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

New Notice Date of First Sale 2015-07-31 First Sale Yet to Occur X 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)

Computers
 Telecommunications
 Other Technology

Travel

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

Equity X Debt Option, Warrant or Other Right to Acquire Another Secu Security to be Acquired Upon Exercise of Option, Warra Other Right to Acquire Security	· · ·	urities
10. Business Combination Transaction		
Is this offering being made in connection with a business co a merger, acquisition or exchange offer?	ombination transaction, such as	Yes X No
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$	10,000 USD	
12. Sales Compensation		
Recipient	Recipient CRD Number X None	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer C	RD Number X None
Street Address 1	Street Addres	is 2
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply)All StatesCheck "All States" or check individual StatesAll States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$14,000,000 USD or Indefin	ite	
Total Amount Sold \$10,601,500 USD		
Total Remaining to be Sold \$3,398,500 USD or Indefin	ite	
Clarification of Response (if Necessary):		
The Original Bridge note was amended to allow for an addit	uonal offering. This amended For	m D reflects the additional amount

14. Investors

sold.

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:

59

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.

Clarification of Response (if Necessary):

The payments listed are for salaries for services to run the business from October 2015 through March 2016. This is not for solicitation and securing the offering.

## 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.
- 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
Gemphire Therapeutics Inc.	Mina Sooch	Mina Sooch	CEO	2016-04-27

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.