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 response:

4.00

1. Issuer's Identity

**CIK (Filer ID Number)** 

**Previous** X None **Names** 

**Entity Type** 

Limited Liability Company

Other (Specify)

0001671858

Name of Issuer

X Corporation

Limited Partnership Silverback Therapeutics, Inc.

Jurisdiction of General Partnership **Incorporation/Organization Business Trust** 

**DELAWARE** 

Year of Incorporation/Organization

Over Five Years Ago

X Within Last Five Years (Specify Year) 2016

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Silverback Therapeutics, Inc.

**Street Address 2 Street Address 1** 

500 FAIRVIEW AVENUE NORTH, SUITE 600

ZIP/PostalCode **Phone Number of Issuer** City **State/Province/Country** 

**SEATTLE** WASHINGTON 98109 206-456-2900

3. Related Persons

**Last Name First Name** Middle Name

Thompson Peter A.

> **Street Address 1 Street Address 2**

500 Fairview Avenue North, Ste 600

State/Province/Country ZIP/PostalCode City

Seattle WASHINGTON 98109

**Relationship:** X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name** First Name Middle Name

Hershberg Robert

> **Street Address 1 Street Address 2**

500 Fairview Avenue North, Ste 600

City State/Province/Country ZIP/PostalCode

WASHINGTON 98109 Seattle

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Islam Saqib

Street Address 1 Street Address 2

500 Fairview Avenue North, Ste 600

City State/Province/Country ZIP/PostalCode

Seattle WASHINGTON 98109

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing
Banking & Financial Services X Biotechnology

Commercial Banking Health Insurance Technology
Insurance Hospitals & Physicians Computers

Investing
Investment Banking
Pharmaceuticals
Pooled Investment Fund
Other Health Care
Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under the Investment Company

Real Estate

Airlines & Airports

Act of 1940? Commercial Lodging & Conventions

Yes No Construction Tourism & Travel Services

Other Banking & Financial Services REITS & Finance Other Travel

Business Services Residential Other

Energy Other Real Estate
Coal Mining

Environmental Services

**Energy Conservation** 

**Electric Utilities** 

Oil & Gas

Other Energy

5. Issuer Size

Revenue Range 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 \$25,000,000

\$25,000,001 -\$100,000,000 \$50,000,001 - \$100,000,000

Over \$100,000,000

X Decline to Disclose
Not Applicable

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 504 (b)(1)(i)

Rule 504 (b)(1)(ii)

Section 3(c)(1)

Section 3(c)(9)

Section 3(c)(2)

Section 3(c)(10)

X Rule 506(b) Section 3(c)(3) Section 3(c)(11)

Rule 506(c)	Section 3(c)(4	4) Section 3(c)(12)	
Securities Act Section 4(a)(5)	Section 3(c)(	5) Section 3(c)(13)	
	Section 3(c)(	6) Section 3(c)(14)	
	Section 3(c)(7	7)	
7. Type of Filing			
X New Notice Date of First Sale 2017-12-22 F. Amendment	irst Sale Yet to C	Occur	
8. Duration of Offering			
Does the Issuer intend this offering to last more tha	nn one year? X	Yes No	
9. Type(s) of Securities Offered (select all that apply	y)		
Equity		Pooled Investment Fund Interests	
Debt		Tenant-in-Common Securities	
X Option, Warrant or Other Right to Acquire Another Security to be Acquired Upon Exercise of Option		Mineral Property Securities	
Other Right to Acquire Security	ii, wairair or	Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a bu a merger, acquisition or exchange offer?	siness combinat	ion transaction, such as Yes X No	
Clarification of Response (if Necessary):			
11. Minimum Investment			
Minimum investment accepted from any outside in	vestor \$0 USD		
12. Sales Compensation			
Recipient	Recipie	ent CRD Number X None	
(Associated) Broker or Dealer X None	(Assoc	iated) Broker or Dealer CRD Number X None	
Street Address 1		Street Address 2	
City	State/Pi	rovince/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	ll States Forei	ign/non-US	
13. Offering and Sales Amounts			
Total Offering Amount \$3,749 USD or Inde	finite		
Total Amount Sold \$3,749 USD			
Total Remaining to be Sold \$0 USD or Inde	finite		
Clarification of Response (if Necessary):			
14. Investors			
Select if securities in the offering have been or n investors, and enter the number of such non-accordance.			
Regardless of whether securities in the offering accredited investors, enter the total number of in			1
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.
- 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
Silverback Therapeutics, Inc.	Jill E. Fishbein	Jill E. Fishbein	Secretary	2018-01-08

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.