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.

1	ne reader should not assume		in is accurate and complete	-•
	TED STATES SECURITIES			OMB APPROVAL
UNI	OMB 3235-			
	Number: 0076 Estimated average			
	burden			
	riotice of Enempt	Offering of Securit		hours per 4.00
				response:
1. Issuer's Identity				
CIK (Filer ID Nun	nber) Previous Names	X None		Entity Type
0001563577			X Corporatio	n
Name of Issue	r		Limited Pa	rtnership
Galera Therapeutics, Inc.			Limited Li	ability Company
Jurisdiction of			General Pa	rtnership
Incorporation/Organ	lization		Business T	
DELAWARE Year of Incorporat	tion/Organization		Other (Spe	cify)
-	uon/Organization			
Over Five Years Ago X Within Last Five Years (S	pacify Var) 2012			
Yet to Be Formed				
2. Principal Place of Business	s and Contact Information			
Name o	of Issuer			
Galera Therapeutics, Inc.				
Street A	Address 1		Street Address 2	
2 West Liberty Boulevard		SUITE 110		
City	State/Province/Country			iber of Issuer
MALVERN	PENNSYLVANIA	19355	610-725-1500	)
3. Related Persons				
Last Name		st Name	Middle Na	me
Sorensen	Mel			
Street Address 1		Address 2		
c/o Galera Therapeutics Inc.	-	oulevard, Suite 110	710/0-4-10	<b>T</b> ada
City		vince/Country	ZIP/PostalC	Joue
Malvern <b>Polationshin</b> , V. Evocutivo (	PENNSYLVANIA		19355	
<b>Relationship:</b> X Executive (	JILICELA DIFECTOR PROMOT	er		
Clarification of Response (if	Necessary):			
Last Name	Firs	st Name	Middle Na	me
Beardsley	Robert		А.	
Street Address 1	Street	Address 2		
c/o Galera Therapeutics Inc.	2 West Liberty Bo	oulevard, Suite 110		

**ZIP/PostalCode** 

19355

Malvern PENNSYLVANIA
Relationship: X Executive Officer X Director Promoter

State/Province/Country

Clarification of Response (if Necessary):

City

Last Name	First Name	Middle Name
Sussman	Joel	
Street Address 1	Street Address 2	
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110	
City	State/Province/Country	ZIP/PostalCode
Malvern	PENNSYLVANIA	19355
<b>Relationship:</b> X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Barrett	James	
Street Address 1	Street Address 2	
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110	
City	State/Province/Country	ZIP/PostalCode
Malvern	PENNSYLVANIA	19355
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Murray	Campbell	
Street Address 1	Street Address 2	
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110	
City	State/Province/Country	ZIP/PostalCode
Malvern	PENNSYLVANIA	19355
<b>Relationship:</b> Executive Officer 2		
Clarification of Response (if Necess Last Name	ary): First Name	Middle Name
Skinner	Henry	
Street Address 1	Street Address 2	
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110	
City	State/Province/Country	ZIP/PostalCode
Malvern	PENNSYLVANIA	19355
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Torti	Frank	
Street Address 1	Street Address 2	
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110	
City	State/Province/Country	ZIP/PostalCode
Malvern	PENNSYLVANIA	19355
<b>Relationship:</b> Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Riley	Dennis	Р.
Street Address 1	Street Address 2	
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110	
City	State/Province/Country	ZIP/PostalCode
Malvern	PENNSYLVANIA	19355
•		

# Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
Holmlund	Jon	Т.	
Street Address 1	Street Address 2		
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110		
City	State/Province/Country		ZIP/PostalCode
Malvern	PENNSYLVANIA	19355	
<b>Relationship:</b> X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
Keene	Jeffery	L.	
Street Address 1	Street Address 2		
c/o Galera Therapeutics Inc.	2 West Liberty Boulevard, Suite 110		
City	State/Province/Country		ZIP/PostalCode
Malvern	PENNSYLVANIA	19355	
<b>Relationship:</b> X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

# 4. Industry Group

Agriculture Banking & Financial Services		Health Care Biotechnology	Retailing
Commercial Banking Insurance		Health Insurance Hospitals & Physicians	Restaurants Technology
Investing Investment Bankin	0	X Pharmaceuticals	Computers Telecommunications
Pooled Investment Fund		Other Health Care	Other Technology
Is the issuer registered as an investment company under the Investment Company		Manufacturing Real Estate	Travel Airlines & Airports
Act of 1940?	1 5	Commercial	Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking & Financial Services		<b>REITS &amp; Finance</b>	Other Travel
Business Services		Residential	Other
Energy		Other Real Estate	
Coal Mining			

# 5. Issuer Size

Oil & Gas

Other Energy

**Electric Utilities** 

Energy Conservation Environmental Services

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	\$25,000,001 - \$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) Claim	ned (select all that apply)	
	Investment Company A	ct 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) 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		
X New Notice Date of First Sale 2015-10-01 Amendment	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)

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	Yes X No
a merger, acquisition or exchange offer?	IES A 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 X None	
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number X None	
Street Address 1		Street Address 2	
City	:	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US	

13. Offering and Sales Amounts

Total Offering Amount\$37,102,500 USD orIndefiniteTotal Amount Sold\$37,102,500 USDTotal Remaining to be Sold\$0 USD orIndefinite

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:

7	

#### 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 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

Issuer	Signature	Name of Signer	Title	Date
Galera Therapeutics, Inc.	/s/ J. Mel Sorensen	J. Mel Sorensen	Chief Executive Officer	2015-10-14

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.