| The Securities and Excha | ange Commission has not ne it is | cessarily reviewed th accurate and comple | | and has not determined if |
|---|-------------------------------------|--|-----------------|---------------------------|
| | The reader should not assun | 1 | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D Notice of Exempt Offering of Securities | | | | |
| 1. Issuer's Identity | | | | |
| CIK (Filer ID Number) | Previous Names | None | Entity Type | |
| 0001563577 | Names | | Corneration | |
| Name of Issuer | | | Corporation | perchin |
| Galera Therapeutics, Inc. | | | Limited Liabi | • |
| Jurisdiction of Incorporation/C | Tragnization | | General Part | |
| DELAWARE | organization | | Business Tru | • |
| Year of Incorporation/Organiz | ration | | Other (Speci | |
| Over Five Years Ago Within Last Five Years (Yet to Be Formed | Specify Year) | | | |
| | ss and Contact Information | | | |
| Name of Issuer | | | | |
| Galera Therapeutics, Inc. | | | | |
| Street Address 1 | | Street Address 2 | | |
| 45 Liberty Boulevard | | Suite 230 | | |
| City | State/Province/Country | ZIP/PostalCode | Phone Number of | of Issuer |
| MALVERN | PENNSYLVANIA | 19355 | 612-725-1500 | |
| 3. Related Persons | | | | |
| Last Name | First Name | | Middle Name | |
| Sorensen | J. | | Mel | |
| Street Address 1 | Street Address 2 | 1.0.1.000 | | |
| c/o Galera Therapeutics, Inc. | 45 Liberty Bouleva | | | |
| City | State/Province/Co PENNSYLVANIA | buntry | ZIP/PostalCode | |
| Malvern Reletionship: III Executive (| Officer 🔽 Director 🔲 Promo | tor | 19355 | |
| Clarification of Response (if N | | lei | | |
| Last Name | First Name | | Middle Name | |
| Sussman | Joel | | | |
| Street Address 1 | Street Address 2 | | | |
| c/o Galera Therapeutics, Inc. | 45 Liberty Bouleva | rd. Suite 230 | | |
| City | State/Province/Co | | ZIP/PostalCode | |
| Malvern | PENNSYLVANIA | - , | 19355 | |
| | Officer 🔲 Director 📄 Promo | ter | | |
| Clarification of Response (if N | lecessary): | | | |
| Last Name | First Name | | Middle Name | |
| Alleva | Lawrence | | | |
| Street Address 1 | Street Address 2 | | | |
| c/o Galera Therapeutics, Inc. | 45 Liberty Bouleva | urd, Suite 230 | | |
| City | State/Province/Co | | ZIP/PostalCode | |
| Malvern | PENNSYLVANIA | - | 19355 | |
| Relationship: Executive (| Officer 🔽 Director 🔲 Promo | ter | | |

Clarification of Response (if Necessary):

| Last Name Chang Street Address 1 c/o Galera Therapeutics, Inc. City Malvern Relationship: D Executive Officer D | First Name Nancy Street Address 2 45 Liberty Boulevard, Suite 230 State/Province/Country PENNSYLVANIA irector Promoter | Middle Name T. ZIP/PostalCode 19355 |
|---|---|---|
| Clarification of Response (if Necessary): | | |
| Last Name Friedman Street Address 1 c/o Galera Therapeutics, Inc. City Malvern Relationship: D Executive Officer V D Clarification of Response (if Necessary): | First Name Michael Street Address 2 45 Liberty Boulevard, Suite 230 State/Province/Country PENNSYLVANIA irector I Promoter | Middle Name R. ZIP/PostalCode 19355 |
| Last Name Lokay Street Address 1 c/o Galera Therapeutics, Inc. City Malvern Relationship: D Executive Officer I D Clarification of Response (if Necessary): | First Name Kevin Street Address 2 45 Liberty Boulevard, Suite 230 State/Province/Country PENNSYLVANIA irector I Promoter | Middle Name ZIP/PostalCode 19355 |
| 4. Industry Group | | |
| Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as | Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction REITS & Finance Residential Other Real Estate | Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel Other |
| 5. Issuer Size Revenue Range OR No Revenues | Aggregate Net Asset Value F | - |

| No Revenues |
|--------------------------------|
| []] \$1 - \$1,000,000 |
| []] \$1,000,001 - \$5,000,000 |
| []] \$5,000,001 - \$25,000,000 |
| \$25,000,001 - |
| 1 1 |

| 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 | | | |

| \$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) | 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 506(b) | Section 3(c)(4) Section 3(c)(12) |
| Rule 506(c) | Section 3(c)(5) |
| 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 2024-12-30 | First Sale Yet to Occur |
| 8. Duration of Offering | |
| Does the Issuer intend this offering to last more than o | one year? [] Yes [] No |
| 9. Type(s) of Securities Offered (select all that appl | у) |
| 📝 Equity | Pooled Investment Fund Interests |
| Debt | Tenant-in-Common Securities |
| Option, Warrant or Other Right to Acquire Anothe 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 busine merger, acquisition or exchange offer? | ess combination transaction, such as a Yes No |
| Clarification of Response (if Necessary): | |
| Issued in connection with merger transaction between Galer Form 8-K filed on December 31, 2024. | ra Therapeutics, Inc. and Nova Pharmaceuticals, Inc., as further disclosed in a current report on |
| 11. Minimum Investment | |
| Minimum investment accepted from any outside inves | stor \$0 USD |
| 12. Sales Compensation | |
| | |
| Recipient (Associated) Broker or Dealer 🔽 None | Recipient CRD Number 📝 None (Associated) Broker or Dealer CRD Number 📝 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 | States Foreign/non-US |
| | |
| 13. Offering and Sales Amounts | |
| Total Offering Amount\$2,885,000 USD or | ndefinite |
| Total Amount Sold \$2,885,000 USD | |
| Total Remaining to be Sold \$0 USD or [] Ir | Identifie |
| Clarification of Response (if Necessary): | |
| 14. Investors | |
| Select if securities in the offering have been or n | nay 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:

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.

| \$ <mark>0</mark> 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 |
|---------------------------|---------------------------|-----------------------|-------------------------------------|------------|
| Galera Therapeutics, Inc. | /s/ J. Mel Sorensen, M.D. | J. Mel Sorensen, M.D. | President & Chief Executive Officer | 2025-01-13 |

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.