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 Names	None		Entity Type
<u>0001348911</u>	Carbylan Bio	surgery Inc	x	Corporation
Name of Issuer	Carbylan Bio		21	Limited Partnership
Carbylan Therapeutics, Inc.	201091011210	surgery me		Limited Liability Company
Jurisdiction of				General Partnership
Incorporation/Organization				Business Trust
DELAWARE				Other (Specify)
Year of Incorporation/Organiz	ation			
X Over Five Years Ago				
Within Last Five Years (Specify Year)				
Yet to Be Formed				
2. Principal Place of Business and Contact	Information			
Name of Issuer				
Carbylan Therapeutics, Inc.				
Street Address 1			Street Add	dress 2
3181 PORTER DRIVE				
City State/Pro	vince/Country	ZIP/Posta	alCode	Phone Number of Issuer
PALO ALTO CALIFORN	IIA	94304	6	50-855-6777
3. Related Persons				
Last Name	First	: Name		Middle Name
RENZI DA	AVID		М.	
Street Address 1	Street A	Address 2		
C/O CARBYLAN THERAPEUTICS, 31 INC.	81 PORTER DI	RIVE		
City	State/Prov	ince/Country		ZIP/PostalCode
-	ALIFORNIA	0	94304	
			34304	
Relationship: X Executive Officer X Dir		r	94304	
		r	J4JU4	
Relationship: X Executive Officer X Dir Clarification of Response (if Necessary):	ector Promote		J4JU4	Middle Name
Relationship: X Executive Officer X Dir	ector Promote	r : Name	MICHAEL	Middle Name
Relationship: X Executive Officer X Dir Clarification of Response (if Necessary): Last Name	ector Promote			Middle Name
Relationship: X Executive Officer X Dir Clarification of Response (if Necessary): Last Name WHITE T. Street Address 1 C/O CARBYLAN THERAPEUTICS, 31	ector Promote	a Name Address 2		Middle Name
Relationship: X Executive Officer X Dir Clarification of Response (if Necessary): Last Name WHITE T. Street Address 1 C/O CARBYLAN THERAPEUTICS, 31 INC.	ector Promote First Street A 81 PORTER DI	: Name Address 2 RIVE	MICHAEL	Middle Name ZIP/PostalCode
Relationship: X Executive Officer X Dir Clarification of Response (if Necessary): Last Name WHITE T. Street Address 1 C/O CARBYLAN THERAPEUTICS, 31 INC. City	ector Promote First Street A 81 PORTER DI	a Name Address 2	MICHAEL	

Clarification of Response (if Necessary):

Last Name	First Name		Middle Name
MARONEY	MARCEE	М.	
Street Address 1	Street Address 2		
C/O CARBYLAN THERAPEUTICS INC.	' 3181 PORTER DRIVE		
City	State/Province/Country		ZIP/PostalCode
PALO ALTO	CALIFORNIA	94304	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necessar	y):		
Last Name	First Name		Middle Name
GRAVETT	DAVID	М.	
Street Address 1	Street Address 2		
C/O CARBYLAN THERAPEUTICS	' 3181 PORTER DRIVE		
INC.			ZIP/PostalCode
City PALO ALTO	State/Province/Country CALIFORNIA	94304	
Relationship: X Executive Officer		5-50-	
Relationship. A Executive officer			
Clarification of Response (if Necessar	y):		
Last Name	First Name		Middle Name
LEWIS	HAYLEY		
Street Address 1	Street Address 2		
C/O CARBYLAN THERAPEUTICS INC.	' 3181 PORTER DRIVE		
City	State/Province/Country		ZIP/PostalCode
PALO ALTO	CALIFORNIA	94304	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necessar	y):		
Last Name	First Name		Middle Name
BASTA	STEVEN	L.	
Street Address 1	Street Address 2		
C/O CARBYLAN THERAPEUTICS INC.	' 3181 PORTER DRIVE		
City	State/Province/Country		ZIP/PostalCode
PALO ALTO	CALIFORNIA	94304	
Relationship: Executive Officer X			
Clarification of Response (if Necessar			
Last Name	First Name		Middle Name
СНА	ALBERT		
Street Address 1	Street Address 2		
C/O CARBYLAN THERAPEUTICS INC.	' 3181 PORTER DRIVE		
City	State/Province/Country		ZIP/PostalCode
PALO ALTO	CALIFORNIA	94304	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessar	y):		

Last Name	First Name	Middle Name		
NOHRA	GUY	Р.		
Street Address 1 C/O CARBYLAN THERAPEUTICS	Street Address 2			
INC.	SIGI PORIER DRIVE			
City PALO ALTO	State/Province/Country CALIFORNIA	ZIP/PostalCode 94304		
Relationship: Executive Officer X		94304		
-				
Clarification of Response (if Necessa	ry):			
Last Name	First Name	Middle Name		
ZADNO	REZA			
Street Address 1	Street Address 2			
C/O CARBYLAN THERAPEUTICS INC.	, 3181 PORTER DRIVE			
City	State/Province/Country	ZIP/PostalCode		
PALO ALTO	CALIFORNIA	94304		
Relationship: Executive Officer X	Director Promoter			
Clarification of Response (if Necessa	ry):			
Last Name	First Name	Middle Name		
KATKIN	KEITH	A.		
Street Address 1	Street Address 2			
C/O CARBYLAN THERAPEUTICS	^{5,} 3181 PORTER DRIVE			
INC. City	State/Province/Country	ZIP/PostalCode		
PALO ALTO	CALIFORNIA	94304		
Relationship: Executive Officer X				
Clarification of Response (if Necessa	rv).			
Last Name	First Name	Middle Name		
UNKART Street Address 1	EDWARD Street Address 2	W.		
C/O CARBYLAN THERAPEUTICS, 3181 PORTER DRIVE				
INC.	⁷ 3181 PORTER DRIVE			
City	State/Province/Country	ZIP/PostalCode		
PALO ALTO	CALIFORNIA	94304		
Relationship: Executive Officer X	Director Promoter			
Clarification of Response (if Necessar	ry):			
Last Name	First Name	Middle Name		
CLAPPER	DAVID			
Street Address 1 C/O CARBYLAN THERAPEUTICS	Street Address 2			
INC.	SIGI PORIER DRIVE			
City	State/Province/Country	ZIP/PostalCode		
PALO ALTO	CALIFORNIA	94304		
Relationship: Executive Officer X	Director Promoter			
Clarification of Response (if Necessar	ry):			

Agriculture		Health Care
Banking & Financial Set	rvices	Biotechnology
Commercial Banking		Health Insurance
Insurance		Hospitals & Physicians
Investing		Pharmaceuticals
Investment Banking Pooled Investment Fu	nd	X Other Health Care
Is the issuer registered an investment compar		Manufacturing Real Estate
the Investment Compa		Commercial
Act of 1940?		Commercial
Yes	No	Construction
Other Banking & Fina	ncial Services	REITS & Finance
Business Services		Residential
Energy		Other Real Estate
Coal Mining		
Electric Utilities		
Energy Conservation		
Environmental Servic	es	
Oil & Gas		
Other Energy		

Retailing Restaurants Technology Computers Computers Telecommunications Other Technology Other Technology Lodging & Conventions Lodging & Conventions Other Travel Services Other Travel

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		\$25,000,001 - \$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) 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

- X New Notice Date of First Sale 2015-02-19 First Sale Yet to Occur 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)		
Equity X Debt 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	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (describe)	
10. Business Combination Transaction		
Is this offering being made in connection with a business combine a merger, acquisition or exchange offer?	ation transaction, such as Yes X No	
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 USE)	
12. Sales Compensation		
Recipient Recip	pient CRD Number X None	
(Associated) Broker or Dealer X None (Asso	ociated) Broker or Dealer CRD Number X None	2
Street Address 1	Street Address 2	
State(s) of Solicitation (select all that apply)	Province/Country reign/non-US	ZIP/Postal Code
13. Offering and Sales Amounts		
Total Offering Amount\$4,000,000 USD orIndefiniteTotal Amount Sold\$4,000,000 USDrTotal 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 investors, and enter the number of such non-accredited investo Regardless of whether securities in the offering have been or n accredited investors, enter the total number of investors who al	nrs who already have invested in the offering. nay be sold to persons who do not qualify as	4
investors, and enter the number of such non-accredited investo Regardless of whether securities in the offering have been or n	nrs who already have invested in the offering. nay be sold to persons who do not qualify as	4
investors, and enter the number of such non-accredited investo Regardless of whether securities in the offering have been or n accredited investors, enter the total number of investors who al	rs who already have invested in the offering. nay be sold to persons who do not qualify as lready have invested in the offering: fees expenses, if any. If the amount of an expen	<u> </u>]

Clarification of Response (if Necessary):

16. Use of Proceeds

Finders' Fees

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.

Estimate

\$0 USD

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
Carbylan Therapeutics, Inc.	DAVID SAUL	DAVID SAUL	SECRETARY	2015-03-05

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.