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

## OMB APPROVAL

OMB Number: 3235-0076
Estimated average burden
hours per response: 4.00

## **Notice of Exempt Offering of Securities**

CIK (Filer ID Number) Previous Names None Relating Type  000 IS78313 Name of Issuer MALA Biotechnology, Inc. United Charles and Contact Information Name of Issuer MALA Biotechnology, Inc. United Province Country ZIP/PostalCode ILLINOIS  3. Related Persons Last Name First Name Middle Name First Name Vice Value Street Address 2 444 West Lake Street Sure Street Address 2 5 Street Address 3 5 Street Address 3 5 Street Address 3 5 Street Address 4 5 Street Address 4 5 Street Address 4 5 Street Address 5 5 Street Address 5 5 Street Address 5 5 Street Address 6 5 Street Address 6 5 Street Address 6 5 Street Address 7 5 Street Address 8 5 Street Address 9 5 S	1. Issuer's Identity				
OND IS 78.31.3 Name of Issuer MAIA Biotechnology, Inc. Junifed Dentroperation (Organization   Limited Partnership   Junifed Partners					
Name of Issuer MAIA Bitechnology, Inc.   Within Last Five Years Ago   Within Last Five Years (Specify Year)   Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer MAIA Bitechnology, Inc.  2. Principal Place of Business and Contact Information  Name of Issuer MAIA Bitechnology, Inc.  Street Address 2 444 WIST LAKE STREET   Street Address 2 444 WIST LAKE STREET   Street Address 2 444 WIST LAKE STREET   Street Address 3 3. Related Persons  Last Name   First Name   Middle Name  Vice   Viad   Wist Lake Street   Street Address 2 444 WIST LAKE STREET   Street Address 2 444 WIST LAKE STREET   Street Address 3 444 WIST LAKE STREET   Street Address 4 444 WIST LAKE STREET   Street Address 4 444 WIST LAKE STREET   Street Address 5 444 WIST LAKE STREET   Street Address 6 446 WIST LAKE STREET   Street Address 7 444 WIST LAKE STREET   Street Address 1 446 WIST LAKE STREET   Street Address 1 446 WIST LAKE STREET   Street Address 2 447 WIST LAKE STREET   Street Address 2 448 WIST LAKE STREET   Street Address 2 449 WIST LAKE STREET   Street Address 2 440 WIST LAKE STREET   Street Address 2 440 WIST LAKE STREET   Street Address 2 440 WIST LAKE STREET   Street Address 3 440 WIST LAKE STREET   Street Address 3 440 WIST LAKE STREET   Street Address 4 440 WIST LAKE STREET   Street Address 3 440 WIST LAKE STREET   S	CIK (Filer ID Number)		X None	Entity Type	
Name of Issuer MAIA Bitechnology, Inc.   Within Last Five Years Ago   Within Last Five Years (Specify Year)   Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer MAIA Bitechnology, Inc.  2. Principal Place of Business and Contact Information  Name of Issuer MAIA Bitechnology, Inc.  Street Address 2 444 WIST LAKE STREET   Street Address 2 444 WIST LAKE STREET   Street Address 2 444 WIST LAKE STREET   Street Address 3 3. Related Persons  Last Name   First Name   Middle Name  Vice   Viad   Wist Lake Street   Street Address 2 444 WIST LAKE STREET   Street Address 2 444 WIST LAKE STREET   Street Address 3 444 WIST LAKE STREET   Street Address 4 444 WIST LAKE STREET   Street Address 4 444 WIST LAKE STREET   Street Address 5 444 WIST LAKE STREET   Street Address 6 446 WIST LAKE STREET   Street Address 7 444 WIST LAKE STREET   Street Address 1 446 WIST LAKE STREET   Street Address 1 446 WIST LAKE STREET   Street Address 2 447 WIST LAKE STREET   Street Address 2 448 WIST LAKE STREET   Street Address 2 449 WIST LAKE STREET   Street Address 2 440 WIST LAKE STREET   Street Address 2 440 WIST LAKE STREET   Street Address 2 440 WIST LAKE STREET   Street Address 3 440 WIST LAKE STREET   Street Address 3 440 WIST LAKE STREET   Street Address 4 440 WIST LAKE STREET   Street Address 3 440 WIST LAKE STREET   S	0001878313			X Corporation	
MANA Bioscherdogs, Inc.  DELAWARE  Very Five Years Ago  With Last Five Years (Specify Year)  Vet to Be Formed  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 3  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 2  Z. Principal Place of Business and Contact Information  Street Address 3  Z. Principal Place of Business and Contact Information  Street Address 3  Z. Principal Place of Business and Contact Information  Street Address 4  Z. Principal Place of Business and Contact Information  Street Address 3  Z. Principal Place of Business and Contact Information  Z. Principal Place of Business and Cont					
DISAURANCE Vear of Incorporation/Organization    Cover Five Years Ago	MAIA Biotechnology, Inc.			H	
Pear of Incorporation/Organization	Jurisdiction of Incorporation/Orga	nization		H	
Other (Specify)   Other (Specify)	DELAWARE			General Partnership	
Within Last Five Years (Specify Year)     Yet De Formed	Year of Incorporation/Organization	n		Business Trust	
Sprincipal Place of Business and Contact Information	X Over Five Years Ago			Other (Specify)	
2. Principal Place of Business and Contact Information  Name of Issuer  MAIA Blotechnology, Inc.  Street Address 1 Street Address 2 444 WeST LAKE STREET  CITY  State/Province/Country State/Province/Country Street Address 2 3. Rolated Persons  Last Name First Name Vito Vito Vito Vito Vito Vito Vito Vito	Within Last Five Years (Specif	y Year)		_	
Name of Issuer         MAIA Bindechnology, Inc.           Street Address 1         Street Address 2           444 WEST LAKE STREET         SUITE 1700           CIPC AND State/Province/Country         ZIP/PostalCode         Phone Number of Issuer           CHICAGO         ILLINOIS         60606         312-416-8592           3. Related Persons         First Name         Middle Name           Vitoc         Vital         Vital           Street Address 2         444 West Lake Street         Suite 1700           City         State/Province/Country         ZIP/PostalCode           Chicago         ILLINOIS         60606           Relationship: Necutive Officer In Director In Promoter         ZIP/PostalCode           Chief Executive Officer, President and Chairman of the Board of Directors         Street Address 1         Middle Name           Last Name Immediately Street Address 2         Street Address 2         Attentionship: Next In No.         ZIP/PostalCode           City         State/Province/Country         ZIP/PostalCode         ZIP/PostalCode           Clicago         II.L.INOIS         60606           Clicago         II.L.INOIS         60606           Clicago         II.L.INOIS         60606           Clicago         II.L.INOIS         60606	Yet to Be Formed				
Name of Issuer         MAIA Bindechnology, Inc.           Street Address 1         Street Address 2           444 WEST LAKE STREET         SUITE 1700           CIPC AND State/Province/Country         ZIP/PostalCode         Phone Number of Issuer           CHICAGO         ILLINOIS         60606         312-416-8592           3. Related Persons         First Name         Middle Name           Vitoc         Vital         Vital           Street Address 2         444 West Lake Street         Suite 1700           City         State/Province/Country         ZIP/PostalCode           Chicago         ILLINOIS         60606           Relationship: Necutive Officer In Director In Promoter         ZIP/PostalCode           Chief Executive Officer, President and Chairman of the Board of Directors         Street Address 1         Middle Name           Last Name Immediately Street Address 2         Street Address 2         Attentionship: Next In No.         ZIP/PostalCode           City         State/Province/Country         ZIP/PostalCode         ZIP/PostalCode           Clicago         II.L.INOIS         60606           Clicago         II.L.INOIS         60606           Clicago         II.L.INOIS         60606           Clicago         II.L.INOIS         60606	2. Principal Place of Business a	and Contact Information			
MAIA Biotechnology, Inc.   Street Address 2					
Street Address 1					
A44 WEST LAKE STREET			Street Address 2		
City CHICAGO         State/Province/Country ILLINOIS         ZIP/PostalCode 6666         Phone Number of Issuer 312-416-8592           3. Related Persons           Last Name         First Name         Middle Name           Vitoe         Vitad         Middle Name           Street Address 1         Street Address 2         444 West Lake Street         Street Address 2         444 West Lake Street Officer © Director © Promoter           Clarification of Response (if Necessary):         First Name         Middle Name           Himmefreich         Jeffrey           Street Address 1         Street Address 2         444 West Lake Street         Suite 1700         Clarification of Response (if Necessary):         Last Name         Middle Name           Clarification of Response (if Necessary):         Promoter           Clarification of Response (if Necessary):         Promoter           Last Name         Middle Name           Himself Code           Clarification of Response (if Necessary):         Wister Address 1         Middle Name <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
A Related Persons  Last Name		State/Province/Country		Phone Number of Issuer	
Last Name First Name Middle Name  Vitoc Vlad  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode Chicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Jeffrey Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode  Chicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Scrgei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Scrgei  Street Address 1 Street Address 2  444 West Lake Street Site 1700  City State/Province/Country ZIP/PostalCode					
Vitor Street Address 1 Street Address 2 444 West Lake Street Clarification of Response (if Necessary):  City State/Province/Country Street Address 2  444 West Lake Street Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Chief Executive Officer, President and Chairman of the Board of Directors  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country Zip/PostalCode O6666  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country Zip/PostalCode	3. Related Persons				
Vitor Street Address 1 Street Address 2 444 West Lake Street Clarification of Response (if Necessary):  City State/Province/Country Street Address 2  444 West Lake Street Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Chief Executive Officer, President and Chairman of the Board of Directors  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode O606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei Street Address 1 Street Address 2  444 West Lake Street Suite 1700 City State/Province/Country ZIP/PostalCode	Last Name	First Name		Middle Name	
Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country ZIP/PostalCode Chicago ILL NOIS 60606 Relationship: X Executive Officer Director Drectors  Last Name First Name Middle Name Himmelreich Suite 1700 City State/Province/Country ZIP/PostalCode Chicago ILL NOIS 60606  Last Name First Name Middle Name Himmelreich Jeffrey ZIP/PostalCode Chicago ILL NOIS 60606  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Himmelreich Suite 1700 City State/Province/Country ZIP/PostalCode Chicago ILL NOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei Street Address 1  Latter Address 2  Latter Address 1  Latter Address 2  Latter Address 3  Latter Address 2  Latter Address 4  Latter Street Address 5  Latter Address 6  Latter Address 1  Latter Address 2  Latter Address 5  Latter Address 5  Latter Address 6  Latter Address 6  Latter Address 7  Latter Address 7  Latter Address 8  Latter Address 9  Latter Address 9  Latter Address 1  Latter Address 1  Latter Address 2  Latter Address Address 2  Latter Address Address Address 2				Wildlie Name	
444 West Lake Street  Suite 1700  City  State/Province/Country Chicago  ILLINOIS  60606  Relationship: X Executive Officer X Director Promoter  Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Jeffrey  Street Address 1 Street Address 2 444 West Lake Street  Clarification of Response (if Necessary):  Clarification of Response (if Necessary):  Last Name First Name Middle Name  LILINOIS 60606  Middle Name  Street Address 2  447 West Lake Street  Suite 1700  Middle Name  Middle Name  Middle Name  Street Address 2  448 West Lake Street  Suite 1700  Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode  Clarification of Response (if Necessary):  Head of Finance  Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode					
Chicago ILLINOIS 60606  Relationship: X Executive Officer X Director Promoter  Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Jeffrey Street Address 1 Street Address 2 4444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode  Clicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2 444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode  Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2 444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode					
Chicago ILLINOIS 60606  Relationship: X Executive Officer X Director Promoter  Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Jeffrey Street Address 1 Street Address 2 4444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode  Clicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2 444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode  Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2 444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode		State/Province/Co	untry	ZIP/PostalCode	
Clarification of Response (if Necessary):  Chief Executive Officer, President and Chairman of the Board of Directors  Last Name			•	60606	
Chief Executive Officer, President and Chairman of the Board of Directors  Last Name First Name Middle Name  Himmelreich Jeffrey  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode Chicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Relationship: X Executive Office	X Director Promoter			
Last Name First Name Middle Name  Himmelreich Jeffrey  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode Chicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Clarification of Response (if Nece	ssary):			
Himmelreich Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country Cliarification of Response (if Necessary):  Head of Finance  Last Name Gryaznov Sergei Street Address 1 Street Address 2 444 West Lake Street Suite 1700 State/Province/Country Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country ZIP/PostalCode	Chief Executive Officer, President an	d Chairman of the Board of Directors			
Himmelreich Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country Cliarification of Response (if Necessary):  Head of Finance  Last Name Gryaznov Sergei Street Address 1 Street Address 2 444 West Lake Street Suite 1700 State/Province/Country Street Address 1 Street Address 2 444 West Lake Street Suite 1700 City State/Province/Country ZIP/PostalCode	Last Name	First Name		Middle Name	
444 West Lake Street  City State/Province/Country ZIP/PostalCode Chicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Himmelreich	Jeffrey			
444 West Lake Street  City State/Province/Country ZIP/PostalCode Chicago ILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Street Address 1	Street Address 2			
Chicago IILLINOIS 60606  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	444 West Lake Street				
Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	City	State/Province/Cou	untry	ZIP/PostalCode	
Clarification of Response (if Necessary):  Head of Finance  Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Chicago	ILLINOIS		60606	
Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Relationship: X Executive Office	Director Promoter			
Last Name First Name Middle Name  Gryaznov Sergei  Street Address 1 Street Address 2  444 West Lake Street Suite 1700  City State/Province/Country ZIP/PostalCode	Clarification of Response (if Nece	ssary):			
Gryaznov     Sergei       Street Address 1     Street Address 2       444 West Lake Street     Suite 1700       City     State/Province/Country     ZIP/PostalCode	Head of Finance				
Street Address 1 Street Address 2  444 West Lake Street Street Suite 1700 City State/Province/Country ZIP/PostalCode	Last Name	First Name		Middle Name	
Street Address 1 Street Address 2  444 West Lake Street Street Suite 1700 City State/Province/Country ZIP/PostalCode	Gryaznov	Sergei			
City State/Province/Country ZIP/PostalCode	Street Address 1				
	444 West Lake Street	Suite 1700			
Chicago ILLINOIS 60606	City	State/Province/Co	untry	ZIP/PostalCode	
	Chicago	ILLINOIS		60606	

Relationship: X Executive Officer Director Promoter				
Clarification of Response (if Necessary):				
Chief Scientific Officer				
Last Name	First Name	Middle Name		
Theagene	Jean-Manasse			
Street Address 1	Street Address 2			
444 West Lake Street	Suite 1700			
City	State/Province/Country	ZIP/PostalCode		
Chicago	ILLINOIS	60606		
Relationship: Executive Officer X Director	Promoter			
Clarification of Response (if Necessary):				
Last Name	First Name	Middle Name		
Chaouki	Steven			
Street Address 1	Street Address 2			
444 West Lake Street	Suite 1700			
City	State/Province/Country	ZIP/PostalCode		
Chicago	ILLINOIS	60606		
		00000		
Relationship: Executive Officer X Director	Promoter			
Clarification of Response (if Necessary):				
Last Name	First Name	Middle Name		
Smith	Stan			
Street Address 1	Street Address 2			
444 West Lake Street	Suite 1700			
City	State/Province/Country	ZIP/PostalCode		
Chicago	ILLINOIS	60606		
Relationship: Executive Officer X Director	Promoter			
Clarification of Response (if Necessary):				
Last Name	First Name	Middle Name		
Guerrero	Ramiro			
Street Address 1	Street Address 2			
444 West Lake Street	Suite 1700			
City	State/Province/Country	ZIP/PostalCode		
Chicago	ILLINOIS	60606		
Relationship: Executive Officer X Director	Promoter			
Clarification of Response (if Necessary):				
Last Name	First Name	Middle Name		
Yee	Louie	Ngar		
Street Address 1	Street Address 2			
444 West Lake Street	Suite 1700			
City	State/Province/Country	ZIP/PostalCode		
Chicago	ILLINOIS	60606		
Relationship: Executive Officer X Director				
Clarification of Response (if Necessary):	Tonoca			
Last Name	First Name	Middle Name		
Luput	Cristian			
Street Address 1	Street Address 2			
444 West Lake Street	Suite 1700			
City	State/Province/Country	ZIP/PostalCode		
Chicago	ILLINOIS	60606		
Relationship: Executive Officer X Director	Promoter			
Clarification of Response (if Necessary):				

4. Industry Group			
	Health Care		
Agriculture  Banking & Financial Services	X Biotechnology	Retailing	
Commercial Banking		Restaurants	
Insurance	Health Insurance	Technology	
Investing	Hospitals & Physicians	Computers	
Investment Banking	Pharmaceuticals	Telecommunications	
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		
Other Banking & Financial Services	REITS & Finance	☐ Tourism & Travel Services	
Business Services		Other Travel	
Energy	Residential	Other	
Coal Mining	Other Real Estate		
Electric Utilities			
Energy Conservation			
Environmental Services			
Oil & Gas			
Other Energy			
5. Issuer Size			
Revenue Range OR		Asset Value Range	
No Revenues \$\int\\$1 - \\$1,000,000	H	Net Asset Value	
\$1,000,000 - \$5,000,000	\$1 - \$5,000,00   \$5,000,001 - \$		
\$5,000,001 - \$25,000,000	\$25,000,001 -		
\$25,000,001 - \$100,000,000	H	- \$100,000,000	
Over \$100,000,000	Over \$100,00		
X Decline to Disclose	Decline to Dis		
Not Applicable	Not Applicable		
5. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)			
6. Federal Exemption(s) and Exclusion(s	) Claimed (select all that apply	()	
	Investmen	t 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) (flot (i), (ii) of (iii))  Rule 504 (b)(1)(i)			
Rule 504 (b)(1)(ii)	Section 3(		
Rule 504 (b)(1)(iii)	Section 3(	c)(3) Section 3(c)(11)	
X Rule 506(b)	Section 3(	c)(4) Section 3(c)(12)	
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			
VN - Nation But of First Oak 2024 10	20 DE: O		
X New Notice Date of First Sale 2024-10-	28 First Sale Yet to Occur		
Amendment			
8. Duration of Offering			
Does the Issuer intend this offering to last r	more than one year? Yes X	No	

9. Type(s) of Securities Offered (select all that apply)				
W- "	П			
Equity	Pooled Investment Fund Interests			
Debt	Tenant-in-Common Securities			
X Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities			
$\sqrt{\frac{1}{X}}$ Security to be Acquired Upon Exercise of Option, Warrant or Other Rig	ght to Other (describe)			
Acquire Security				
10. Business Combination Transaction				
Is this offering being made in connection with a business combination tran exchange offer?	nsaction, such as a merger, acquisition or Yes X No			
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside investor \$0 USD				
12. Sales Compensation				
	<del></del>			
Recipient	Recipient CRD Number X None			
None	None			
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number $\overline{X}$ None			
None	None			
Street Address 1	Street Address 2			
None	None			
City	State/Province/Country	ZIP/Postal Code		
None	Unknown	None		
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US			
13. Offering and Sales Amounts				
10. Offering and bales Amounts				
Total Offering Amount \$15,500,000 USD or Indefinite				
Total Amount Sold \$2,439,260 USD				
Total Remaining to be Sold \$13,060,740 USD or Indefinite				
Total Remaining to be 30ld \$15,000,740 03D of Midefillite				
Clarification of Response (if Necessary):				
14. Investors				
Select if securities in the offering have been or may be sold to persons such non-accredited investors who already have invested in the offering		of		
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 excheck the box next to the amount.	cpenses, if any. If the amount of an expenditure is not known, provide	e an estimate and		
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 executive officers, directors or promoters in response to Item 3 above. If the				
\$0 USD Estimate				
Clarification of Response (if Necessary):				
Signature and Submission				
Please verify the information you have entered and review the Terms	s of Submission below before signing and clicking SUBMIT belo	ow 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
MAIA Biotechnology, Inc.	/s/ Vlad Vitoc	Vlad Vitoc	Chief Executive Officer	2024-11-12

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.

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