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OMB APPROVAL	
OMB Number: 3235-0076	
Expires: December 31, 2008	
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FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer Concentric Medical, Inc.	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type (Select one)
Jurisdiction of Incorporation/Organization Delaware	 08070929	<input checked="" type="checkbox"/> Corporation
Year of Incorporation/Organization (Select one)	<input type="checkbox"/> Yet to Be Formed	<input type="checkbox"/> Limited Partnership
<input checked="" type="checkbox"/> Over Five Years Ago <input type="checkbox"/> Within Last Five Years (specify year)		<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> General Partnership
		<input type="checkbox"/> Business Trust
		<input type="checkbox"/> Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1 301 E. Evelyn Way	Street Address 2
City Mountain View	State/Province/Country CA
ZIP/Postal Code 94041	Phone No. (650) 810-1702

Item 3. Related Persons

Last Name Sainz	First Name Maria	Middle Name
Street Address 1 c/o Concentric Medical, Inc.	Street Address 2 301 E. Evelyn Way	
City Mountain View	State/Province/Country CA	ZIP/Postal Code 94041
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

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(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Banking and Financial Services	<input type="checkbox"/> Energy	<input type="checkbox"/> REITS & Finance
<input type="checkbox"/> Commercial Banking	<input type="checkbox"/> Electric Utilities	<input type="checkbox"/> Residential
<input type="checkbox"/> Insurance	<input type="checkbox"/> Energy Conservation	<input type="checkbox"/> Other Real Estate
<input type="checkbox"/> Investing	<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Retailing
<input type="checkbox"/> Investment Banking	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Pooled Investment Fund	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Technology
	<input type="checkbox"/> Other Energy	<input type="checkbox"/> Computers
If selecting this industry group, also select one fund type below and answer the question below:	<input type="checkbox"/> Health Care	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Hedge Fund	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Other Technology
<input type="checkbox"/> Private Equity Fund	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Travel
<input type="checkbox"/> Venture Capital Fund	<input type="checkbox"/> Hospitals & Physicians	<input type="checkbox"/> Airlines & Airports
<input type="checkbox"/> Other Investment Fund	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Lodging & Conventions
Is the issuer registered as an investment company under the Investment Company Act of 1940? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Health Care	<input type="checkbox"/> Tourism & Travel Services
<input type="checkbox"/> Other Banking & Financial Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other Travel
	<input type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Commercial	

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- 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
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(7) | |

Item 7. Type of Filing

New Notice **OR** Amendment

Date of First Sale in this Offering: **OR** First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe) |
-

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum Investment accepted from any outside investor \$ 0.00

Item 12. Sales Compensation

Recipient: N/A, Recipient CRD Number: [], (Associated) Broker or Dealer: [None], (Associated) Broker or Dealer CRD Number: [], Street Address 1: [], Street Address 2: [], City: [], State/Province/Country: [], ZIP/Postal Code: [], States of Solicitation: [All States]

(Identify additional person(s) being paid compensation by checking this box [] and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 16,000,000.00 OR [] Indefinite
(b) Total Amount Sold \$ 14,914,692.00
(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ -1,085,308.00 OR [] Indefinite

Clarification of Response (if Necessary)

[]

Item 14. Investors

Check this box [] 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: 0

Enter the total number of investors who already have invested in the offering: 36

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ [] [] Estimate

Finders' Fees \$ [] [] Estimate

Clarification of Response (if Necessary)

[]

Item 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.

\$ 0.00

Estimate

Clarification of Response (If Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer 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 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 Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* 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.

Each identified issuer 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. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Concentric Medical, Inc.

Name of Signer

J. Casey McGlynn

Signature

[Handwritten signature]

Title

Secretary

Number of continuation pages attached:

3

Date

December 23, 2008

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.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name		First Name		Middle Name
Sainz		Maria		
Street Address 1		Street Address 2		
c/o Concentric Medical, Inc.		301 E. Evelyn Way		
City	State/Province/Country	ZIP/Postal Code		
Mountain View	CA	94041		
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

Last Name		First Name		Middle Name
Drant		Ryan		
Street Address 1		Street Address 2		
c/o New Enterprise Associates		1119 St. Paul Street		
City	State/Province/Country	ZIP/Postal Code		
Baltimore	MD	21202		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

Last Name		First Name		Middle Name
Schreiber		Alain		
Street Address 1		Street Address 2		
c/o Hambrecht & Quist Capital Management, Inc.		2 Liberty Square, 9th Floor		
City	State/Province/Country	ZIP/Postal Code		
Boston	MA	02109		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

Last Name		First Name		Middle Name
Omstead		Daniel		
Street Address 1		Street Address 2		
c/o Hambrecht & Quist Capital Management, Inc.		2 Liberty Square, 9th Floor		
City	State/Province/Country	ZIP/Postal Code		
Boston	MA	02109		
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter				
Clarification of Response (if Necessary)				

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Warden	Charles	
Street Address 1	Street Address 2	
c/o Versant Ventures	450 Newport Center Drive, Suite 600	
City	State/Province/Country	ZIP/Postal Code
Newport Beach	CA	92660
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Engelson	Erik	T.
Street Address 1	Street Address 2	
c/o Concentric Medical, Inc.	301 E. Evelyn Way	
City	State/Province/Country	ZIP/Postal Code
Mountain View	CA	94041
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Gifford	Hanson	
Street Address 1	Street Address 2	
c/o Concentric Medical, Inc.	301 E. Evelyn Way	
City	State/Province/Country	ZIP/Postal Code
Mountain View	CA	94041
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Smith	Lonnie	
Street Address 1	Street Address 2	
c/o Concentric Medical, Inc.	301 E. Evelyn Way	
City	State/Province/Country	ZIP/Postal Code
Mountain View	CA	94041
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Thomas
 First Name: Robert
 Middle Name:
 Street Address 1: c/o Concentric Medical, Inc.
 Street Address 2: 301 E. Evelyn Way
 City: Mountain View
 State/Province/Country: CA
 ZIP/Postal Code: 94041
 Relationship(s): Executive Officer Director Promoter
 Clarification of Response (if Necessary):

Last Name: Unkart
 First Name: Edward
 Middle Name: T.
 Street Address 1: c/o Concentric Medical, Inc.
 Street Address 2: 301 E. Evelyn Way
 City: Mountain View
 State/Province/Country: CA
 ZIP/Postal Code: 94041
 Relationship(s): Executive Officer Director Promoter
 Clarification of Response (if Necessary):

Last Name:
 First Name:
 Middle Name:
 Street Address 1:
 Street Address 2:
 City:
 State/Province/Country:
 ZIP/Postal Code:
 Relationship(s): Executive Officer Director Promoter
 Clarification of Response (if Necessary):

Last Name:
 First Name:
 Middle Name:
 Street Address 1:
 Street Address 2:
 City:
 State/Province/Country:
 ZIP/Postal Code:
 Relationship(s): Executive Officer Director Promoter
 Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

END