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.						
Inereader should not assume that the information is accurate and complete. UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D MB Number: 323 Estimated average burden hours per response:						
1. Issuer's Identity						
CIK (Filer ID Number)	Previous Names	Vone	Entity Type			
0001611842 Name of Issuer PolyPid Ltd. Jurisdiction of Incorporation/ ISRAEL Year of Incorporation/Organiz	Organization zation		Corporation Limited Partn Limited Liabil General Partn Business Tru Other (Specif	ity Company nership st		
Within Last Five Years (
2. Principal Place of Busine Name of Issuer PolyPid Ltd. Street Address 1 18 HASIVIM STREET	ess and Contact Information	Street Address 2				
City PETACH TIKVA	State/Province/Country ISRAEL	ZIP/PostalCode 495376	Phone Number c +972-74-719-5700			
3. Related Persons						
Last Name Czaczkes Akselbrad Street Address 1 18 Hasivim Street City Petach Tikva Relationship: 📝 Executive	First Name Dikla Street Address 2 State/Province/Co ISRAEL Officer	-	Middle Name ZIP/PostalCode 495376			
Clarification of Response (if N	lecessary):					
Last Name Hazan Street Address 1 18 Hasivim Street City	First Name Dalit Street Address 2 State/Province/Co	suntry.	Middle Name ZIP/PostalCode			
Petach Tikva Relationship: 📝 Executive	ISRAEL Officer 🔲 Director 📄 Promot	-	495376			
Clarification of Response (if N	Necessary):					
Last Name Warshavsky Street Address 1 18 Hasivim Street	First Name Ori Street Address 2		Middle Name			
City Petach Tikva Relationship: 📝 Executive	State/Province/Co ISRAEL Officer 🔲 Director 📄 Promot	-	ZIP/PostalCode 495376			

Clarification of Response (if Necessary):

ŷ		
Last Name	First Name	Middle Name
Missulawin	Jonny	
Street Address 1	Street Address 2	
18 Hasivim Street		
	State/Drovingo/Country	ZIP/PostalCode
City Petach Tikva	State/Province/Country ISRAEL	495376
		495376
Relationship: 📝 Executive Officer 🔲 D	Director [] Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Harel	Jacob	
Street Address 1	Street Address 2	
18 Hasivim Street		
City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: 🔲 Executive Officer 📝 D	Director 🔲 Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Barenholz	Yechezkel	
Street Address 1	Street Address 2	
18 Hasivim Street	Slicel Address 2	
	State/Dravings/Country	ZID/DeptalCode
City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: 🔲 Executive Officer 📝 D	Director [] Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Dror	Nir	
Street Address 1	Street Address 2	
18 Hasivim Street		
City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: Executive Officer		
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
BenAmram	Yossi	
Street Address 1	Street Address 2	
18 Hasivim Street		
City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: 🔲 Executive Officer 📝 D	Director 🔲 Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Krinsky	Itzhak	
Street Address 1	Street Address 2	
18 Hasivim Street		
City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: Executive Officer		
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Stein	Robert B	

Street Address 1

Robert B. Street Address 2

18 Hasivim Street		
City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: 🔲 Executive Officer 📝 D	Director [] Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Tweezer-Zaks	Nurit	
Street Address 1	Street Address 2	
18 Hasivim Street City	State/Province/Country	ZIP/PostalCode
Petach Tikva	ISRAEL	495376
Relationship: 🔲 Executive Officer 🚺 D	Director 🔲 Promoter	
Clarification of Response (if Necessary):		
4. Industry Group		
	Legith Care	
Agriculture Banking & Financial Services	Health Care	Retailing
Commercial Banking		Restaurants
	Health Insurance	Technology
Investing	Hospitals & Physicians	
Investment Banking	Pharmaceuticals	Telecommunications
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as an investment company under	Manufacturing	Travel
the Investment Company	Real Estate	Airlines & Airports
Act of 1940?		Lodging & Conventions
Yes No		Tourism & Travel Services
Other Banking & Financial Servi Business Services	REITS & Finance	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	Aggregate Net Asset Value R	-
✓ No Revenues ■ \$1 - \$1,000,000	No Aggregate Net Asset	Value
\$1,000,000 - \$5,000,000	\$5,000,000 - \$25,000,000	
[] \$5,000,001 - \$25,000,000	1 \$25,000,001 - \$50,000,00	
\$25,000,001 -	\$50,000,001 - \$100,000,0	000
\$100,000,000 Cver \$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)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Investment Company A	ct Section 3(c)
Rule 504 (b)(1)(i)		
Rule 504 (b)(1)(ii)	Section $3(c)(1)$	Section 3(c)(9)
Rule 504 (b)(1)(iii)	Section 3(c)(2)	Section 3(c)(10)
Rule 506(b)	Section 3(c)(3)	Section 3(c)(11)
Securities Act Section 4(a)(5)	Section 3(c)(4)	Section 3(c)(12)
	Section 3(c)(5)	Section 3(c)(13)

	ion 3(c)(6) Section 3(c)(14) ion 3(c)(7)	
7. Type of Filing		
Image: Second state of the second s	/et to Occur	
8. Duration of Offering		
Does the Issuer intend this offering to last more than one year?	Yes No	
9. Type(s) of Securities Offered (select all that apply)		
 Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant of 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 combir merger, acquisition or exchange offer?	nation transaction, such as a 👘 Yes 📝 No	
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor \$0 US	D	
12. Sales Compensation		
Recipient CITIZENS JMP SECURITIES, LLC (Associated) Broker or Dealer None None Street Address 1 450 Park Avenue City New York State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Recipient CRD Number None 000022208 (Associated) Broker or Dealer CRD Number None None Street Address 2 State/Province/Country NEW YORK Foreign/non-US	ZIP/Postal Code 10022
MARYLAND NEW YORK TEXAS		
13. Offering and Sales Amounts		
Total Offering Amount\$14,200,000 USDor local IndefiniteTotal Amount Sold\$14,200,000 USDTotal Remaining to be Sold\$0 USDor local IndefiniteClarification of Response (if Necessary):		
14. Investors		
enter the number of such non-accredited investors who alr	or may be sold to persons who do not qualify as accredited	17
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finder an estimate and check the box next to the amount.	rs fees expenses, if any. If the amount of an expenditure is no	t known, provide

Sales Commissions	\$484,199	USD	Estimate
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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
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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
PolyPid Ltd.	/s/ Dikla Czaczkes Akselbrad	Dikla Czaczkes Akselbrad	Chief Executive Officer	2024-08-12

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.

* 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.