

UNILIFE CORP

FORM D

(Small Company Offering and Sale of Securities Without Registration)

Filed 01/03/17

| | |
|-------------|---|
| Address | 250 CROSS FARM LANE YORK, PA 17406 |
| Telephone | (717) 384-3400 |
| CIK | 0001476170 |
| Symbol | UNIS |
| SIC Code | 3841 - Surgical and Medical Instruments and Apparatus |
| Industry | Medical Equipment, Supplies & Distribution |
| Sector | Healthcare |
| Fiscal Year | 06/30 |

UNITED STATES SECURITIES
AND EXCHANGE COMMISSION
Washington, D.C.

| OMB APPROVAL |
|--|
| OMB Number: 3235-0076 Estimated Average burden hours per response: 4.0 |

FORM D

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)

0001476170

Name of Issuer

Unilife Corp

Jurisdiction of

Incorporation/Organization

DELAWARE

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Year of Incorporation/Organization

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

Unilife Corp

Street Address 1

250 Cross Farm Lane

Street Address 2

City

York

State/Province/Country

PENNSYLVANIA

ZIP/Postal Code

17406

Phone No. of Issuer

717-384-3400

1. Issuer's Identity

CIK (Filer ID Number)

0001667793

Previous Name(s) None

Entity Type

Name of Issuer

Unilife Medical Solutions, Inc.

- Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other

Jurisdiction of Incorporation/Organization

DELAWARE

Year of Incorporation/Organization

- Yet to Be Formed
 Within Last Five Years (Specify Year)
 Over Five Years Ago

2. Principal Place of Business and Contact Information

Name of Issuer

Unilife Medical Solutions, Inc.

Street Address 1

250 Cross Farm Lane

Street Address 2

| City | State/Province/Country | ZIP/Postal Code | Phone No. of Issuer |
|------|------------------------|-----------------|---------------------|
| York | PENNSYLVANIA | 17406 | 717-384-3400 |

3. Related Persons

Last Name **Ryan** First Name **John** Middle Name **C.**
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Carter** First Name **Jeff** Middle Name
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Crane** First Name **Rosemary** Middle Name **A.**
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Hamill** First Name **Harry** Middle Name **A.**
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Kamarck** First Name **Michael** Middle Name **E.**
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Lund** First Name **John** Middle Name
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Wold** First Name **Mary** Middle Name **Katherine**
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **DeSisto** First Name **Duane** Middle Name
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Walters** First Name **Stephanie** Middle Name
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Weaver** First Name **Molly** Middle Name
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Hanson** First Name **Ian** Middle Name
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name **Hastings** First Name **David** Middle Name **C.**
Street Address 1 **250 Cross Farm Lane** Street Address 2
City **York** State/Province/Country **PENNSYLVANIA** ZIP/Postal Code **17406**
Relationship: Executive Officer Director Promoter
Clarification of Response (if Necessary)

| | | |
|---|--|---|
| Last Name | First Name | Middle Name |
| Ratigan | Michael | |
| Street Address 1 | Street Address 2 | |
| 250 Cross Farm Lane | | |
| City | State/Province/Country | ZIP/Postal Code |
| York | PENNSYLVANIA | 17406 |
| Relationship: | <input checked="" type="checkbox"/> Executive Officer | <input type="checkbox"/> Director <input type="checkbox"/> Promoter |
| Clarification of Response (if Necessary) | | |

4. Industry Group

- Agriculture
- Banking & Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Other Banking & Financial Services
- Business Services
- Energy
 - Coal Mining
 - Electric Utilities
 - Energy Conservation
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceutical
 - 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 | Aggregate Net Asset Value Range |
|--|---|
| <input type="checkbox"/> No Revenues | <input type="checkbox"/> No Aggregate Net Asset Value |
| <input type="checkbox"/> \$1 - \$1,000,000 | <input type="checkbox"/> \$1 - \$5,000,000 |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000 | <input type="checkbox"/> \$5,000,001 - \$25,000,000 |
| <input checked="" type="checkbox"/> \$5,000,001 - \$25,000,000 | <input type="checkbox"/> \$25,000,001 - \$50,000,000 |
| <input type="checkbox"/> \$25,000,001 - \$100,000,000 | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> Over \$100,000,000 | <input type="checkbox"/> Over \$100,000,000 |
| <input type="checkbox"/> Decline to Disclose | <input type="checkbox"/> Decline to Disclose |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Rule 505 |
| <input type="checkbox"/> Rule 504 (b)(1)(i) | <input checked="" type="checkbox"/> Rule 506(b) |
| <input type="checkbox"/> Rule 504 (b)(1)(ii) | <input type="checkbox"/> Rule 506(c) |
| <input type="checkbox"/> Rule 504 (b)(1)(iii) | <input type="checkbox"/> Securities Act Section 4(a)(5) |
| | <input type="checkbox"/> Investment Company Act Section 3(c) |

7. Type of Filing

- New Notice Date of First Sale **2016-12-20** First Sale Yet to Occur
- Amendment

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)

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

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)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ 0 USD

12. Sales Compensation

Recipient Recipient CRD Number None

(Associated) Broker or Dealer 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 All States

13. Offering and Sales Amounts

Total Offering Amount \$ 5000000 USD Indefinite

Total Amount Sold \$ 5000000 USD

Total Remaining to be Sold \$ 0 USD Indefinite

Clarification of Response (if Necessary)

The convertible note was issued in the aggregate principle amount of \$5,000,000.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,
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: 1

15. Sales Commissions & Finders' 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.

\$ 0 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, 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 it 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 the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

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.

I also am a duly authorized representative of the other Issuer(s) in Item 1 above and authorized to sign on their behalf.

| All Issuers | Signature | Name of Signer | Title | Date |
|--------------|-----------------------|-------------------|---|------------|
| Unilife Corp | /s/ David C. Hastings | David C. Hastings | SVP, Chief Financial Officer and Chief Accounting Officer | 2017-01-03 |