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.

			OMB APPRO		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D Notice of Exempt Offering of Securities			COMMISSION	OMB 3235- Number: 0076	
			es	Estimated average burden	
				hours per response: 4.00	
1. Issuer's Identity					
CIK (Filer ID Nu	mber) Previous Names	X None		Entity Type	
<u>0001541157</u>			X Corporation		
Name of Issue	er		Limited Par	tnership	
Morria Biopharmaceuticals	PLC		Limited Lia	bility Company	
Jurisdiction o			General Par	tnership	
Incorporation/Orga	nization		Business Tr	ust	
UNITED KINGDOM	tion/Organization		Other (Spec	ify)	
-	tion/Organization				
X Over Five Years Ago	Specify Veer)				
Within Last Five Years (Yet to Be Formed	specify real)				
2. Principal Place of Busines	s and Contact Information				
Name	of Issuer				
Morria Biopharmaceuticals	PLC				
Street .	Address 1		Street Address 2		
53 DAVIES STREET					
City	State/Province/Country	ZIP/Postal	Code Phone Num	per of Issuer	
LONDON	UNITED KINGDOM	W1K 5JH	212-533-5765		
3. Related Persons					
Last Name	First	t Name	Middle Nar	ne	
Cohen	Yuval				
Street Address 1	Street	Address 2			
53 Davies Street	Mayfair				
City		ince/Country	ZIP/PostalC	ode	
London	UNITED KINGD		W1K 5JH		
Relationship: X Executive	Officer X Director Promote	er			
Clarification of Response (if	Necessary):				
Last Name	Firs	t Name	Middle Nar	ne	
Elefant	Dov				
Street Address 1		Address 2			
53 Davies Street	Mayfair				

CityState/Province/CountryZIP/PostalCodeLondonUNITED KINGDOMW1K 5JHRelationship: X Executive OfficerDirectorPromoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Yedgar Street Address 1	Saul Street Address 2	
Department of Biochemistry	Hebrew University - Hadassah	
-	Medical Sch	
City Jerusalem	State/Province/Country ISRAEL	ZIP/PostalCode 91120
Relationship: X Executive Officer 2		01120
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Bondi	Joe	
Street Address 1	Street Address 2	
110 Glenwood Avenue		
City Collegeville	State/Province/Country PENNSYLVANIA	ZIP/PostalCode 19426
Relationship: X Executive Officer		15420
Clarification of Response (if Necessa		
- ·		Middle Norr-
Last Name Cohen	First Name Mark	Middle Name
Street Address 1	Street Address 2	
Chairman, Pearl Cohen Zedek Latze	^{r,} 1500 Broadway, 12th Floor	
LLP City	State/Province/Country	ZIP/PostalCode
New York	NEW YORK	10036
Relationship: Executive Officer X	C Director Promoter	
Clarification of Response (if Necessa	ıry):	
- ·		Middle Name
Last Name	ury): First Name Johnson	Middle Name
- ·	First Name	Middle Name
Last Name Lau Street Address 1 701 Ellicott Street	First Name Johnson Street Address 2	
Last Name Lau Street Address 1 701 Ellicott Street City	First Name Johnson Street Address 2 State/Province/Country	ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo	First Name Johnson Street Address 2 State/Province/Country NEW YORK	
Last Name Lau Street Address 1 701 Ellicott Street City	First Name Johnson Street Address 2 State/Province/Country NEW YORK	ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo	First Name Johnson Street Address 2 State/Province/Country NEW YORK & Director Promoter	ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name	ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name Raday	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead	ZIP/PostalCode 14203
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name	ZIP/PostalCode 14203
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name Raday Street Address 1	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead	ZIP/PostalCode 14203
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Clarification of Response (if Necessa Clarification of Response (if Necessa Street Address 1 255 Kefar-Uria	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead Street Address 2 State/Province/Country ISRAEL	ZIP/PostalCode 14203 Middle Name
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name Raday Street Address 1 255 Kefar-Uria City	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead Street Address 2 State/Province/Country ISRAEL	ZIP/PostalCode 14203 Middle Name ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Clarification of Response (if Necessa Clarification of Response (if Necessa Street Address 1 255 Kefar-Uria	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead Street Address 2 State/Province/Country ISRAEL Director Promoter	ZIP/PostalCode 14203 Middle Name ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Clarification of Response (if Necessa Clarification of Response (if Necessa Street Address 1 255 Kefar-Uria City Kefar-Uria Relationship: Executive Officer X	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead Street Address 2 State/Province/Country ISRAEL Director Promoter	ZIP/PostalCode 14203 Middle Name ZIP/PostalCode
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name Raday Street Address 1 255 Kefar-Uria City Kefar-Uria Relationship: Executive Officer X Clarification of Response (if Necessa Clarification of Response (if Necessa	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead Street Address 2 State/Province/Country ISRAEL Director Promoter ary): First Name	ZIP/PostalCode 14203 Middle Name ZIP/PostalCode 99735
Last Name Lau Street Address 1 701 Ellicott Street City Buffalo Relationship: Executive Officer X Clarification of Response (if Necessa Last Name Raday Street Address 1 255 Kefar-Uria City Kefar-Uria Relationship: Executive Officer X Clarification of Response (if Necessa	First Name Johnson Street Address 2 State/Province/Country NEW YORK Director Promoter ary): First Name Gilead Street Address 2 State/Province/Country ISRAEL Director Promoter ary): First Name	ZIP/PostalCode 14203 Middle Name ZIP/PostalCode 99735

	City	State/Province/Country		ZIP/PostalCode
Rehovot	ISRA	EL	76308	
Relationship:	Executive Officer X Directo	r Promoter		
Clarification of	Response (if Necessary):			
L	ast Name	First Name		Middle Name
Eiran	Amos			
Stre	et Address 1	Street Address 2		
2 Avner St.				
	City	State/Province/Country		ZIP/PostalCode
Herzeliya	ISRA	EL	46662	
Relationship:	Executive Officer X Directo	r Promoter		
Clarification of	Response (if Necessary):			

4. Industry Group

Agriculture		Health Care	
Banking & Financial Services			Retailing
Commercial Banking Insurance Investing Investment Banking Pooled Investment Fu Is the issuer registere an investment compa	ınd d as ny under	X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
the Investment Company Act of 1940?		Commercial	Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking & Fin	ancial Services	REITS & Finance	Other Travel
Business Services		Residential	Other
Energy Coal Mining		Other Real Estate	
Electric Utilities			
Energy Conservation			
Environmental Servio	ces		
Oil & Gas			
Other Energy			
. Issuer Size			
Revenue Range X No Revenues \$1 - \$1,000,000	OR	A No Aggregate Net Asse \$1 - \$5,000,000	ggregate Net Asset Value Range It Value

X No Revenues	No Aggregate Net Asset Valu
\$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
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)) Rule 505 Rule 504 (b)(1)(i) X Rule 506 Rule 504 (b)(1)(ii) Securities Act Section 4(5) Investment Company Act Section 3(c) Rule 504 (b)(1)(iii) Section 3(c)(1) Section 3(c)(9) Section 3(c)(2)Section 3(c)(10)Section 3(c)(3) Section 3(c)(11)Section 3(c)(4) Section 3(c)(12) Section 3(c)(5) Section 3(c)(13)Section 3(c)(6) Section 3(c)(14)Section 3(c)(7)7. Type of Filing X New Notice Date of First Sale X 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) X Equity **Pooled Investment Fund Interests** X Debt Tenant-in-Common Securities **Mineral Property Securities** X Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security 10. Business Combination Transaction Is this offering being made in connection with a business combination transaction, such as Yes X No a merger, acquisition or exchange offer? Clarification of Response (if Necessary): 11. Minimum Investment Minimum investment accepted from any outside investor \$0 USD 12. Sales Compensation Recipient CRD Number X None Recipient N/A None (Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None None None **Street Address 1** Street Address 2 N/A City State/Province/Country **ZIP**/Postal Code UNITED STATES N/A 00000 State(s) of Solicitation (select all that apply) All States Foreign/non-US Check "All States" or check individual States NEW YORK

Total Offering Amount\$1,100,000 USD orIndefiniteTotal Amount Sold\$0 USDTotal Remaining to be Sold \$1,100,000 USD orIndefinite

Clarification of Response (if Necessary):

14. Investors

Select 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. 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:

2	

15. Sales Commissions & Finder's 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.

\$111,000 USD X Estimate

Clarification of Response (if Necessary):

Amounts are for payment of salaries for executives

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 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).

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
Morria Biopharmaceuticals PLC	/s/ Yuval Cohen	Yuval Cohen	President	2012-04-13

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.