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

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

Estimated average

burden

hours per response:

4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous
Names

None

Entity Type

0001641489 VTV Therapeutics Inc. X Corporation

Name of Issuer Limited Partnership

vTv Therapeutics Inc.

Limited Liability Company

Jurisdiction of<br/>Incorporation/OrganizationGeneral Partnership<br/>Business TrustDELAWAREOther (Specify)

Year of Incorporation/Organization

Over Five Years Ago

X Within Last Five Years (Specify Year) 2015

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

vTv Therapeutics Inc.

Street Address 1 Street Address 2

4170 MENDENHALL OAKS PKWY

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

HIGH POINT NORTH CAROLINA 27265 336-841-0300

3. Related Persons

Last Name First Name Middle Name

Holcombe Stephen

Street Address 1 Street Address 2

4170 Mendenhall Oaks Pkwy

City State/Province/Country ZIP/PostalCode

High Point NORTH CAROLINA 27265

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Howard Rudy

Street Address 1 Street Address 2

4170 Mendenhall Oaks Pkwy

City State/Province/Country ZIP/PostalCode

High Point NORTH CAROLINA 27265

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name** Middle Name Altstiel Larry **Street Address 1 Street Address 2** 4170 Mendenhall Oaks Pkwy **State/Province/Country** ZIP/PostalCode City NORTH CAROLINA **High Point** 27265 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Kindler **Jeffrey Street Address 1 Street Address 2** 4170 Mendenhall Oaks Pkwy City State/Province/Country ZIP/PostalCode **High Point** NORTH CAROLINA 27265 **Relationship:** X Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Cohen Steven **Street Address 2 Street Address 1** 4170 Mendenhall Oaks Pkwy State/Province/Country ZIP/PostalCode City NORTH CAROLINA **High Point** 27265 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Meister Paul **Street Address 2 Street Address 1** 4170 Mendenhall Oaks Pkwy City State/Province/Country ZIP/PostalCode **High Point** NORTH CAROLINA 27265 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Fry John **Street Address 1 Street Address 2** 4170 Mendenhall Oaks Pkwy ZIP/PostalCode City State/Province/Country **High Point** NORTH CAROLINA 27265 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Parker Craig **Street Address 1** Street Address 2 4170 Mendenhall Oaks Pkwy ZIP/PostalCode State/Province/Country City **High Point** NORTH CAROLINA 27265

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name Middle Name** 

Savas Paul

> **Street Address 1 Street Address 2**

4170 Mendenhall Oaks Pkwy

ZIP/PostalCode City State/Province/Country

**High Point** NORTH CAROLINA 27265

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name **First Name** Middle Name

Spiegel Noel

> **Street Address 1 Street Address 2**

4170 Mendenhall Oaks Pkwy

ZIP/PostalCode City **State/Province/Country** 

NORTH CAROLINA **High Point** 27265

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name Middle Name** 

Weiner Howard

> **Street Address 1 Street Address 2**

4170 Mendenhall Oaks Pkwy

City State/Province/Country ZIP/PostalCode

**High Point** NORTH CAROLINA 27265

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Health Care Retailing Banking & Financial Services Biotechnology Restaurants Commercial Banking Health Insurance Technology

Insurance Hospitals & Physicians Computers Investing

X Pharmaceuticals Telecommunications **Investment Banking** 

Pooled Investment Fund Other Health Care Other Technology

Is the issuer registered as Manufacturing Travel

an investment company under Real Estate Airlines & Airports the Investment Company

Commercial Act of 1940? **Lodging & Conventions** Construction Yes No Tourism & Travel Services

Other Banking & Financial Services **REITS & Finance** Other Travel

**Business Services** Residential

Other Energy Other Real Estate

**Energy Conservation Environmental Services** 

Coal Mining

**Electric Utilities** 

#### 5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$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
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

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

	Investment 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)(i)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)	
X Rule 506(b)	Section 5(c)(4)	3cction 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

X New Notice Date of First Sale 2017-12-05 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
Debt	Tenant-in-Common Securities
X Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	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 X No

## 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

(Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

State(s) of Solicitation (select all that apply) Check "All States" or check individual States

All States Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$10,000,000 USD or Indefinite

Total Amount Sold \$10,000,000 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

See the Issuer's Current Report on Form 8-K filed with the Securities and Exchange Commission on December 6, 2017.

#### 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:

1		

#### 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.

\$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, 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
vTv Therapeutics Inc.	/s/ Rudy C. Howard	Rudy C. Howard	Chief Financial Officer	2017-12-19

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.