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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

OMB APPROVAL

OMB Number: 3235-0076
Estimated average burden
hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)

[0001708493](#)

Name of Issuer

[Harpoon Therapeutics, Inc.](#)

Jurisdiction of Incorporation/Organization

[DELAWARE](#)

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

Previous
Names

None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other (Specify)

2. Principal Place of Business and Contact Information

Name of Issuer

[Harpoon Therapeutics, Inc.](#)

Street Address 1

[611 GATEWAY BOULEVARD, SUITE 400](#)

Street Address 2

City

[SOUTH SAN FRANCISCO](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[94080](#)

Phone Number of Issuer

[\(650\) 443-7400](#)

3. Related Persons

Last Name

[Eastland](#)

First Name

[Julie](#)

Middle Name

Street Address 1

[c/o Harpoon Therapeutics, Inc.](#)

Street Address 2

[611 Gateway Boulevard, Suite 400](#)

City

[South San Francisco](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[94080](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

[Bailes](#)

First Name

[Joseph](#)

Middle Name

Street Address 1

[c/o Harpoon Therapeutics, Inc.](#)

Street Address 2

[611 Gateway Boulevard, Suite 400](#)

City

[South San Francisco](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[94080](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

[Chin](#)

First Name

[Mark](#)

Middle Name

Street Address 1

[c/o Harpoon Therapeutics, Inc.](#)

Street Address 2

[611 Gateway Boulevard, Suite 400](#)

City

[South San Francisco](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[94080](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Drachman	Jonathan	
Street Address 1	Street Address 2	
c/o Harpoon Therapeutics, Inc.	611 Gateway Boulevard, Suite 400	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: <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
Hunt	Ronald	
Street Address 1	Street Address 2	
c/o Harpoon Therapeutics, Inc.	611 Gateway Boulevard, Suite 400	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: <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
Myers	Scott	
Street Address 1	Street Address 2	
c/o Harpoon Therapeutics, Inc.	611 Gateway Boulevard, Suite 400	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: <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
Robbins	Andrew	
Street Address 1	Street Address 2	
c/o Harpoon Therapeutics, Inc.	611 Gateway Boulevard, Suite 400	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: <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
Silvernail	Lauren	
Street Address 1	Street Address 2	
c/o Harpoon Therapeutics, Inc.	611 Gateway Boulevard, Suite 400	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
Relationship: <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
Walker	Luke	
Street Address 1	Street Address 2	
c/o Harpoon Therapeutics, Inc.	611 Gateway Boulevard, Suite 400	
City	State/Province/Country	ZIP/PostalCode
South San Francisco	CALIFORNIA	94080
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

Is the issuer registered as an investment company under the Investment Company Act of 1940?

Yes No

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
 - Pharmaceuticals
 - 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

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

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)

Rule 506(b)

Section 3(c)(5)

Section 3(c)(13)

Rule 506(c)

Section 3(c)(6)

Section 3(c)(14)

Securities Act Section 4(a)(5)

Section 3(c)(7)

7. Type of Filing

New Notice Date of First Sale [2023-10-25](#) 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)

Equity
 Debt
 Option, Warrant or Other Right to Acquire Another Security
 Security to be Acquired Upon Exercise of Option, Warrant or Other 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 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: Cowen and Company, LLC
(Associated) Broker or Dealer None
None
Street Address 1: 599 Lexington Avenue, 20th Floor
City: New York
State(s) of Solicitation (select all that apply) All States
Check "All States" or check individual States

CALIFORNIA
CONNECTICUT
FLORIDA
MASSACHUSETTS
NEW JERSEY
NEW YORK

Recipient CRD Number None
7616
(Associated) Broker or Dealer CRD Number None
None
Street Address 2
State/Province/Country: NEW YORK
ZIP/Postal Code: 10022
 Foreign/non-US

Recipient: Canaccord Genuity LLC
(Associated) Broker or Dealer None
None
Street Address 1: 535 Madison Avenue
City: New York
State(s) of Solicitation (select all that apply) All States
Check "All States" or check individual States

CALIFORNIA
CONNECTICUT
FLORIDA
MASSACHUSETTS
NEW JERSEY
NEW YORK

Recipient CRD Number None
1020
(Associated) Broker or Dealer CRD Number None
None
Street Address 2
State/Province/Country: NEW YORK
ZIP/Postal Code: 10022
 Foreign/non-US

Recipient: H.C. Wainwright & Co., LLC
(Associated) Broker or Dealer None
None
Street Address 1: 430 Park Avenue, 4th Floor
City

Recipient CRD Number None
375
(Associated) Broker or Dealer CRD Number None
None
Street Address 2
State/Province/Country
ZIP/Postal Code

State(s) of Solicitation (select all that apply) All States Foreign/non-US
 Check "All States" or check individual States

CALIFORNIA
CONNECTICUT
FLORIDA
MASSACHUSETTS
NEW JERSEY
NEW YORK

13. Offering and Sales Amounts

Total Offering Amount \$100,162,467 USD or Indefinite
 Total Amount Sold \$100,162,467 USD
 Total Remaining to be Sold \$0 USD or Indefinite

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:

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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 \$6,377,484 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
Harpoon Therapeutics, Inc.	/s/ Julie Eastland	Julie Eastland	President and CEO	2023-10-30

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.
