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.

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UNI	TED STATES SECURITIES Washingto		E COMMISSION	OMB APPROVAL OMB 3235-
Washington, D.C. 20549 FORM D				Number: 0076 Estimated average
	burden			
	Touce of Exclipt	Offering of Securit		hours per response: 4.00
1. Issuer's Identity				
CIK (Filer ID Nur	nber) Previous Names	X None		Entity Type
0001764974			X Corporatio	n
Name of Issue	r		Limited Pa	-
Turnstone Biologics Corp.	C			ability Company
Jurisdiction o Incorporation/Orga			General Pa	-
DELAWARE			Business T	
	tion/Organization		Other (Spe	city)
Over Five Years Ago	-			
X Within Last Five Years (S	Specify Year) 2018			
Yet to Be Formed				
2. Principal Place of Busines	s and Contact Information			
Name	of Issuer			
Turnstone Biologics Corp.				
	Address 1		Street Address 2	
920 BROADWAY		16TH FLOOR		
City	State/Province/Country			ber of Issuer
NEW YORK	NEW YORK	10010	347-897-5988	3
3. Related Persons				
Last Name	Firs	st Name	Middle Na	me
Farah	Sammy			
Street Address 1	Street	Address 2		
920 Broadway 16th Floor	<u> </u>	in co/Ct	71n/n/ 14	` ada
City New York	State/Prov NEW YORK	vince/Country	ZIP/PostalC 10010	Joue
Relationship: X Executive		or	10010	
Keauvisinp. A Executive	UNICE A DIRECTOL FIUIDU			
Clarification of Response (if	Necessary):			
Last Name	Firs	st Name	Middle Na	me
Gould	Robert			
Street Address 1	Street	Address 2		
920 Broadway 16th Floor				
City		vince/Country	ZIP/PostalC	lode
New York	NEW YORK		10010	

Clarification of Response (if Necessary):

Relationship: Executive Officer X Director Promoter

Last Name	First Name	Middle Name
Bolzon	Brad	
Street Address 1	Street Address 2	
920 Broadway 16th Floor		
City New York	State/Province/Country NEW YORK	ZIP/PostalCode 10010
		10010
Relationship: Executive Officer 2	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Davis	Jerel	
Street Address 1	Street Address 2	
920 Broadway 16th Floor		
City	State/Province/Country	ZIP/PostalCode
New York	NEW YORK	10010
Relationship: Executive Officer 2	K Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Gupta	Rishi	
Street Address 1	Street Address 2	
920 Broadway 16th Floor		
City	State/Province/Country	ZIP/PostalCode
New York	NEW YORK	10010
Relationship: Executive Officer 2	K Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Larson	Stefan	
Street Address 1	Street Address 2	
920 Broadway 16th Floor		
City	State/Province/Country	ZIP/PostalCode
New York	NEW YORK	10010
Relationship: Executive Officer 2	K Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Machado	Patrick	
Street Address 1	Street Address 2	
920 Broadway 16th Floor		
City	State/Province/Country	ZIP/PostalCode
New York	NEW YORK	10010
Relationship: Executive Officer 2	K Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Henderson	Jane	
Street Address 1	Street Address 2	
920 Broadway 16th Floor		
City	State/Province/Country	ZIP/PostalCode
New York	NEW YORK	10010

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name	
Burgess	Michael		
Street Address 1	Street Address 2		
920 Broadway 16th Floor			
City	State/Province/Country	ZIP/PostalCode	
New York	NEW YORK	10010	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	arv).		
Clarification of Response (if Necess Last Name	ary): First Name	Middle Name	
· 、		Middle Name Manuel	
Last Name	First Name		
Last Name Otero	First Name Jose		
Last Name Otero Street Address 1	First Name Jose		
Otero Street Address 1 920 Broadway 16th Floor	First Name Jose Street Address 2	Manuel	

Clarification of Response (if Necessary):

4. Industry Group

Agriculture Banking & Financia Commercial Bank Insurance Investing Investment Banki Pooled Investmer Is the issuer regis an investment con the Investment Con Act of 1940?	king ng ht Fund tered as npany under	Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial	Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking & Financial Services		REITS & Finance	Other Travel
Business Services		Residential	Other
Energy Coal Mining		Other Real Estate	

5. Issuer Size

Oil & Gas

Other Energy

Electric Utilities

Energy Conservation Environmental Services

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 - \$50,000,00	0
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,0	00
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) Claim	med (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) X Rule 506(b)	Section 3(c)(4)	Section 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 2019-01-04 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
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	Yes X No
a merger, acquisition or exchange offer?	IES A 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 X None	
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD Number X None	1
Street Address 1		Street Address 2	
City	2	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\$42,099,987 USD orIndefiniteTotal Amount Sold\$42,099,987 USDrIndefiniteTotal Remaining to be Sold\$0 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:

13	

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

Issuer	Signature	Name of Signer	Title	Date
Turnstone Biologics Corp.	/s/ Jane Henderson	Jane Henderson	Chief Financial Officer	2019-01-18

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.