

UNITED STATES

11/4995

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL						
OMB Number:	3235-0076						
Expires: April 30, 2008							
Estimated averag	,						
hours per response16.00							
SEC US	E ONLY						
Prefix	Serial						

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series E Preferred Stock Financing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Impinj, Inc. 07077128
Address of Executive Offices (Number and Street, City, State, Zip Code) 701 N. 34th Street, Suite 300, Seattle, WA 98103 Telephone Number (Including Area Code) 206-517-5300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business Semiconductor design
Type of Business Organization Corporation
Actual or Estimated Date of Incorporation or Organization: Month Year Vear

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A.	BASIC ID	ENTI	FICATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, it	individual)								
Colleran, William T.									···
Business or Residence Addre	•	-	-						
701 N. 34th Street, S	uite 300, Seatt	le, WA 98	103						·
Check Box(es) that Apply:	Promoter	☐ Benefi	cial Owner		Executive Officer	☒	Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)								
Mead, Carver									
Business or Residence Addre	,	-	Zip Code)						
PO Box 620204, Woo	dside, CA 9400								
Check Box(es) that Apply:	Promoter	⊠ Benefī	cial Owner	⊠ —–	Executive Officer	⋈	Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)								
Diorio, Christopher									
Business or Residence Addre	•								
701 N. 34th Street, S		· · · · · · · · · · · · · · · · · · ·							
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	□ 	Executive Officer	<u>⊠</u>	Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)								
Alberg, Tom	<u> </u>								
Business or Residence Addre	•		• •						
1000 Second Avenue									
Check Box(es) that Apply:	☐ Promoter	☐ Benefi	cial Owner		Executive Officer	<u>⊠</u>	Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)								
Ennis, Patrick									
Business or Residence Addre	•	•	• •						
1000 Second Avenue Check Box(es) that Apply:	Promoter		cial Owner		Executive Officer	\boxtimes	Director		General and/or
E 1137 / / 7 / 7	. , , , ,							· -	Managing Partner
Full Name (Last name first, it	individual)								
Arnold, Steve Business or Residence Addre	(Number and Stree	t City State	7in Cada)						<u> </u>
1000 Second Avenue	•		1						
Check Box(es) that Apply:	Promoter		cial Owner		Executive Officer	☒	Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)								
Galanos, Greg									
Business or Residence Addre	ss (Number and Stree	t, City, State	Zip Code)			••••		-	
100 Superior Plaza W	•	•	• ′	7-19	74				
			- /		l copies of this shee	, as no	ecessary)	_	

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Fogleman, Ronald	f individual)				
Business or Residence Addre 135 Burnett Drive, S					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 12008 Emerald Hill L	•		-		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Madrona Venture Fu	nd I-A, L.P.	·			
Business or Residence Address 1000 Second Avenue	`	, , ,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	•				
Business or Residence Address 8725 W. Higgins Roa	•		31		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
Business or Residence Addre					
1000 Second Avenue	e, Suite 3100, S	eattle, WA 98104			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 701 N. 34th Street, S					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Humes, Todd					
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
701 N. 34th Street, S	iuite 300, Seati	tle, WA 98103			•
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				- · · · · · · · · · · · · · · · · · · ·
Business or Residence Addre 701 N. 34th Street, S	`				

Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it Kastner, Mike	findivid	lual)							
Business or Residence Addre 701 N. 34th Street, S	•		•	•					
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it	f individ	lual)							
Business or Residence Addre 701 N. 34th Street, S				•					
Check Box(es) that Apply:		Promoter		Beneficial Owner	☒	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it Ashley, Bill	f individ	lual)							
Business or Residence Addre 701 N. 34th Street, S									
Check Box(es) that Apply:		Promoter		Beneficial Owner	Ø	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it	f individ	lual)							
Business or Residence Addre 701 N. 34th Street, S	-		-	•			·-		
Check Box(es) that Apply:		Promoter		Beneficial Owner	Ø	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it Quist, John	f individ	lual)							
Business or Residence Addre 701 N. 34th Street, S			•						
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it	f individ	lual)							
Business or Residence Addre 701 N. 34th Street, S	,		•	• •					
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	findivid	lual)							
Business or Residence Addre 701 N. 34th Street, S	•		•						
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it	findivid	lual)							
Business or Residence Addre 701 N. 34th Street, S	•			• •					

				B.	INFOR	MATION A	ABOUT OF	FERING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠		
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. WI	• • • • • • • • • • • • • • • • • • • •											N/A
3. Do	Does the offering permit joint ownership of a single unit?											No □
	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more											
than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker of dealer only.												
_	ne (Last name fi	rst, if individu	ual)									
Business	or Residence A	ddress (Numi	ber and Street	t, City, State	, Zip Code)							
Name of	Associated Bro	ker or Dealer					· · · <u>- ·</u> · · · · · · · ·					
States in	Which Person I	isted Has So	licited or Inte	nds to Solic	it Purchasers					****		
(Chec	k "All States" o	r check indivi	duals States)				*************		*******************		☐ Al	il States
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[IL]	, [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	(MO)
[MT	"] [NE]	[NV]	[NH]	ראון	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nov	me (Last name fi	er if individu	·al)						,			
1 411 1141	ne (Last name n	151, 11 111017101	241)									
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	Associated Bro	ker or Dealer										· · · · · · · · · · · · · · · · · · ·
States in	Which Person I	isted Has So	licited or Inte	nds to Solic	it Purchasers			· · · · · · · · - ·				
(Chec	k "All States" o	r check indivi	duals States)		***************************************		***************************************				□ A	ll States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name fi	rst, if individ	ual) .		<u> </u>							
Busines	s or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	f Associated Bro	ker or Dealer										
States in	Which Person I	Listed Has So	licited or Inte	ends to Solic	it Purchasers		<u></u>					<u> </u>
	ck "All States" o					14014-14014-1401					□ A	11 States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	נעדן	[VT]	[VA]	[WA]	[WV]	{WI}	(WY)	[PR]
			(Use I	nlank sheet.	or copy and t	ıse additiona	l copies of th	nis sheet, as n	ecessary)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amour	it Already
	Type of Security	Offering Price	\$	Sold
	Debt	\$0	\$	0
	Equity	\$ 31,093,003.85	\$ <u>26,0</u>	93,002.93
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)		\$	0
	Partnership Interests		\$	0
	Other (Specify)		\$	0
	Total	\$ <u>31,093,003.85</u>	\$ <u>26,0</u>	93,002.93
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Dollar	regate Amount urchase
	Accredited investors	21	\$ <u>26</u>	,093.002.93
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	0	s	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Turn of	Dollar	· Amount
	Type of Offering Rule 505	Type of Security	5	Sold
	Regulation A		\$	
	Rule 504		\$	
	Total		S	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		s _	
	Printing and Engraving Costs		s	
	Legal Fees	\boxtimes	\$	120,000
	Accounting Fees	$\overline{\sqcap}$,,
	Engineering Fees	$\overline{\Box}$		
	Sales Commissions (specify finders' fees separately)	\Box		
	Other Expenses (identify)		\$	
	Total	⊠	\$	120,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	1	\$ <u>30,973,003.85</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer forth in response to Part C - Question 4.b above.	the set	
	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	\$	\$
Purchase of real estate	\$	S
Purchase, rental or leasing and installation of machinery and equipment	\$	\$
Construction or leasing of plant buildings and facilities	\$	□ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	s	□ \$
Repayment of indebtedness	□ s	\$
Working capital	□ s	∑ \$30,973,003.85
Other (specify):	□ s	□ s
Column Totals	□ s	 \$30,973,003.85
Total Payments Listed (column totals added)	⊠ \$ <u>30,</u>	973,003.85
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, accredited investor pursuant to paragraph (b)(2) of Rule 502.		
	ate	
mpinj, inc. S Name of Signer (Print or Type) Title of Signer (Print or Type)	eptember 6, 2007	
Patrick J. Schultheis Secretary		
	EN)
	المسلام المسلام	
ATTENTION		
Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violatic	ung (Sag 10 115 C 100	1.3