UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C.

FORM D

OMB APPROVAL OMB Number: 3235-0076 Estimated Average burden hours per response: 4.0

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number) 0001874097

Previous Name(s)
D None Cyngn, Inc.

Name of Issuer Cyngn Inc.

Jurisdiction of Incorporation/Organization DELAWARE

 \times Corporation

Entity Type

- Limited Partnership
- Limited Liability Company
- **General Partnership**
- **Business Trust**
- Other

Year of Incorporation/Organization

- X Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Cyngn Inc.			
Street Address 1		Street Address 2	
1015 O'BRIEN DR.			
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
MENLO PARK	CALIFORNIA	94025	(650) 924-5905

3. Related Persons

Last Name		First Name			Middle Na	me
Tal Street Address 1		Lior	Ste	eet Address 2		
1015 O'Brien Dr.			50	nuultoo 2		
City		State/Province/C	ountry		ZIP/Postal	Code
Menlo Park		CALIFORNIA			94025	
Relationship:	X	Executive Officer	X	Director		Promoter
Clarification of Resp						
Chief Executive (mcer	and Director				
Last Name		First Name			Middle Na	me
Alvarez		Donald				
Street Address 1			Str	reet Address 2		
1015 O'Brien Dr.						
City Menlo Park		State/Province/C CALIFORNIA	ountry		ZIP/Postal 94025	Code
				Director		Dromotor
Relationship: Clarification of Resp	(X)	Executive Officer		Director		Promoter
Chief Financial O		n recessary)				
Last Name		First Name			Middle Na	me
Last Name Lasky		First Name Mitch			Middle Na	me
			Str	reet Address 2	Middle Na	me
Lasky Street Address 1 1015 O'Brien Dr.		Mitch		reet Address 2		
Lasky Street Address 1 1015 O'Brien Dr. City		Mitch State/Province/C	ountry	reet Address 2	ZIP/Postal	
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park	_	Mitch State/Province/C CALIFORNIA	ountry		ZIP/Postal 94025	Code
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship:		Mitch State/Province/C CALIFORNIA Executive Officer	ountry	reet Address 2 Director	ZIP/Postal	
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park	_	Mitch State/Province/C CALIFORNIA Executive Officer	ountry		ZIP/Postal 94025	Code
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship:	_	Mitch State/Province/C CALIFORNIA Executive Officer	ountry		ZIP/Postal 94025	Code Promoter
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship: Clarification of Resp	_	Mitch State/Province/C CALIFORNIA Executive Officer if Necessary)	ountry		ZIP/Postal 94025	Code Promoter
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship: Clarification of Resp Last Name	_	Mitch State/Province/C CALIFORNIA Executive Officer if Necessary) First Name	ountry X		ZIP/Postal 94025	Code Promoter
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship: Clarification of Resp Last Name Macleod	_	Mitch State/Province/C CALIFORNIA Executive Officer if Necessary) First Name	ountry X	Director	ZIP/Postal 94025	Code Promoter
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship: Clarification of Resp Last Name Macleod Street Address 1	_	Mitch State/Province/C CALIFORNIA Executive Officer if Necessary) First Name	ountry X Str	Director	ZIP/Postal 94025	Code Promoter me
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship: Clarification of Resp Last Name Macleod Street Address 1 1015 O'Brien Dr.	_	Mitch State/Province/C CALIFORNIA Executive Officer if Necessary) First Name Karen	ountry X Str	Director	ZIP/Postal 94025	Code Promoter me
Lasky Street Address 1 1015 O'Brien Dr. City Menlo Park Relationship: Clarification of Resp Last Name Macleod Street Address 1 1015 O'Brien Dr. City	_	Mitch State/Province/C CALIFORNIA Executive Officer if Necessary) First Name Karen State/Province/C	ountry X Str	Director	ZIP/Postal 94025	Code Promoter me

Last Name Cunningham		First Name Colleen		Middle Name	
Street Address 1 1015 O'Brien Dr.			Street Address 2		
City Menlo Park		State/Province/C CALIFORNIA	-	ZIP/Postal Code 94025	e
Relationship:		Executive Officer	X Director	Pron	omoter
Clarification of Resp	onse ((if Necessary)			
Last Name		First Name		Middle Name	
McDonnell		James			
Street Address 1			Street Address 2		
1015 O'Brien Dr.					
City		State/Province/C	ountry	ZIP/Postal Code	e
Menlo Park		CALIFORNIA		94025	
Relationship:		Executive Officer	X Director	Pron	omoter
Clarification of Resp	onse ((if Necessary)			

4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
☐ Investing	Pharmaceuticals	Telecommunications
Investment Banking	Other Health Care	X Other Technology
Pooled Investment Fund		Travel
Other Banking & Financial Services	□ Manufacturing	Airlines & Airports
	Real Estate	Lodging & Conventions
	Commercial	☐ Tourism & Travel Services
	Construction	Other Travel
	REITS & Finance	Other
	Residential	
	Other Real Estate	
Business Services		

5. Issuer Size

Energy

Coal Mining
 Electric Utilities
 Energy Conservation
 Environmental Services

Oil & GasOther Energy

Revenue Range

- No Revenues
- \$1 \$1,000,000
- \$1,000,001 \$5,000,000
- \$5,000,001 \$25,000,000
- \$25,000,001 \$100,000,000
- Over \$100,000,000
- ➤ Decline to Disclose
- Not Applicable

Aggregate Net Asset Value Range

- No Aggregate Net Asset Value
- \$1 \$5,000,000
- \$5,000,001 \$25,000,000
- \$25,000,001 \$50,000,000
- \$50,000,001 \$100,000,000

Over \$100,000,000

- Decline to Disclose
- 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	(b)					
	Rule 504 (b)(1)(ii)		Rule 506	(c)					
	Rule 504 (b)(1)(iii)		Securitie	s Act Section 4(a)(5)					
			Investme	ent Company Act Section 3(c)					
×	7. Type of Filing ☑ New Notice Date of First Sale 2022-04-28 □ 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 C	Offered (select	all that apply)					
	Pooled Investment Fund Interests		X	Equity					
	Tenant-in-Common Securities			Debt					
	Mineral Property Securities		X	Option, Warrant or Other Right to Acquire Another Security					
	Security to be Acquired Upon Exer Warrant or Other Right to Acquire		^{n,} 🛛	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 US	SD
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12. Sales Compensation

Recipient Aegis Capital Corp.				Recip	pient CRD Number)7			None
(Associated) Broker or Dea	ler	X	None	(Asso Num	ociated) Broker or Dea ber	ler CRD	X	None
Street Address 1 810 7TH AVE				~	et Address 2 H & 22ND FLOOR			
City NEW YORK			State/Provi NEW YOF		ountry	ZIP/Postal 10019	Code	
State(s) of Solicitation NEW YORK TEXAS		All States			Foreign/Non-US			

13. Offering and Sales Amounts

Total Offering Amount	\$ 19997939 USD	Indefinite
Total Amount Sold	\$ 19997939 USD	
Total Remaining to be Sold	\$ 0 USD	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, 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:

15. Sales Commissions & Finders' 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
 \$ 1600000 USD
 Estimate

 Finders' Fees
 \$ 0 USD
 Estimate

Clarification of Response (if Necessary)

Includes non-accountable expense allowance of 1% of gross proceeds.

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, 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 it 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:7,7% (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
Cyngn Inc.	/s/ Donald Alvarez	Donald Alvarez	Chief Financial Officer	2022-05-03