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** 

OMB APPROVAL

OMB Number: 3235-0076

Estimated average burden
hours per response: 4.00

## **Notice of Exempt Offering of Securities**

CIK (Filer ID Number)    Previous   Names   None   Rentity Type				
Name   Name   Norther   Name   Name   Norther   Name   N	1. Issuer's Identity			
Monte   Mont	CIK (Filer ID Number)		None	Entity Type
Name of Issuer NTREKON CORP Jurisdiction of Incorporation/Organization VIRGINIA  Year of Incorporation/Organization	,			
Unified Libility Company Jurisdiction of Incorporation/Organization Vikunia Vear of Incorporation/Organization Vikunia Vear of Incorporation/Organization    Within Last Five Years (Specify Year)   Yet to Be Formed   Yet t			•	
Justication of Incorporation/Organization VIRLINIA. Year of Incorporation/Organization		Genomatix, ii	iic.	
		Pragnization		Limited Liability Company
Year of Incorporation/Organization  ☐ Over Five Years Ago ☐ Other (Specify) ☐ Within Last Five Years (Specify Year) ☐ Vel to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer INTEREXON CORP  Street Address 2  1730 RAFT DRIVE ☐ State/Province/Country ☐ VIRGINIA ☐ Street Address 2 ☐ Street Address 2 ☐ Street Address 3 ☐ Steated Persons ☐ Street Address 2 ☐ Street Address 3 ☐ Street Address 3 ☐ Street Address 3 ☐ Street Address 4 ☐ Street Address 5 ☐ Street Address 5 ☐ Street Address 6 ☐ Street Address 7 ☐ Street Address 8 ☐ Street Address 8 ☐ Street Address 8 ☐ Street Address 9 ☐ Street Address 1 ☐ Street Address 9 ☐ Street Address 1 ☐ Street Address 1 ☐ Street Address 7 ☐ Str	·	organization		General Partnership
Other (Specify)   Other (Specify)   Other (Specify)   With Last Five Years Ago   With Last Five Years (Specify Year)   Yet to Be Formed		ration		Business Trust
Within Last Five Years (Specify Year)     Yet to Be Formed		auon		Other (Specify)
Z. Principal Place of Business and Contact Information  Name of Issuer INTEKNO CORP  Street Address 2 1750 KRAFT DRIVE City State/Province/Country SUITE 1400 STREET ADDRES  3. Related Persons  Last Name First Name Read Thomas Street Address 2 1750 KRAFT DRIVE SUITE 1400 SUI	=	· · · · ·		
2. Principal Place of Business and Contact Information  Name of Issuer  INTREXON CORP  Street Address 2  SUFFE 1400  City State/Province/Country ZIP/PostalCode Phone Number of Issuer  BLACKSBURG VIRGINIA 24060 \$40-961-0725  3. Related Persons  Last Name First Name Middle Name  Read Thomas  Street Address 2  Street Address 3  Each Address 3  Street Address 4  Street Address 5  Street Address 6  Clay State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Crisp Matt  Street Address 2  Street Address 1  Street Address 2  Street Address 3  Street Address 2  Street Address 3  Street Address 4  Street Address 5  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Clay State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Stering Rick  Street Address 2  Street Address 3  Street Address 2  Street Address 3  Street Address 3  Street Address 4  Street Address 5  Street Address 5  Street Address 6  Street Address 7  Street Address 7  Street Address 8  Street Address 9  Street Address 9  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beach Robert P.		pecity Year)		
Name of Issuer   Name   Street Address 2   Street Address 2   Street Address 2   Street Address 3   Street Address 2   Street Address 4   Street Address 5   Street Address 5   Street Address 5   Street Address 6   Phone Number of Issuer BLACKSBURG   VIRGINIA   24060   \$40.961.0725   \$40.	Yet to Be Formed			
NTREXON CORP   Street Address 2   Street Address 2   SUTTE 1400   City   State/Province/Country   ZiP/PostalCode   Phone Number of Issuer   State/Street Address 2   Street Address 3   Street Address 4   Street Address 4   Street Address 4   Street Address 5   Street Address 5   Street Address 5   Street Address 6   Street Address 7   Street Address 6   Street Address 7   Street Address 9   Street	2. Principal Place of Busine	ss and Contact Information		
Street Address 1	Name of Issuer			
1750 KRAFT DRIVE	INTREXON CORP			
City State/Province/Country ZIP/PostalCode Phone Number of Issuer BLACKSBURG VIRGINIA 24060 \$40-961-0725  3. Related Persons  Last Name First Name Middle Name Reed Thomas Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 5 Street Address 6 Street Address 9 Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street Address 9 Stree	Street Address 1		Street Address 2	
BLACKSBURG VIRGINIA 24060 \$40-961-0725  3. Related Persons  Last Name First Name Middle Name  Reed Thomas Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Relationship: ∑ Executive Officer ∑ Director ☐ Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Crisp Matt Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Relationship: ∑ Executive Officer ☐ Director ☐ Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Street Address 1 Street Address 2 1750 KRAFT DRIVE ☐ Director ☐ Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060	1750 KRAFT DRIVE		SUITE 1400	
A Related Persons  Last Name   First Name   Middle Name   Reed   Thomas   Street Address 1   Street Address 2   1750 KRAFT DRIVE   SUITE 1400   City   State/Province/Country   ZIP/PostalCode   BLACKSBURG   VIRGINIA   24060   Clarification of Response (if Necessary):  Last Name   First Name   Middle Name   Crisp   Matt   Street Address 2   1750 KRAFT DRIVE   SUITE 1400   City   State/Province/Country   ZIP/PostalCode   BLACKSBURG   VIRGINIA   24060    Clarification of Response (if Necessary):  Last Name   First Name   Middle Name   Crisp   Matt   Surest Address 2   1750 KRAFT DRIVE   SUITE 1400   City   State/Province/Country   ZIP/PostalCode   BLACKSBURG   VIRGINIA   24060    Clarification of Response (if Necessary):  Last Name   First Name   Middle Name   Street Address 1   Street Address 2   1750 KRAFT DRIVE   SUITE 1400   City   State/Province/Country   ZIP/PostalCode   BLACKSBURG   VIRGINIA   24060   City   State/Province/Country   ZIP/PostalCode   City	City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
Last Name   First Name   Middle Name   Reed   Thomas   Street Address 1   Street Address 2   1750 KRAFT DRIVE   SUITE 1400   Clarification of Response (if Necessary):  Last Name   First Name   Middle Name   Middle Name   Middl	BLACKSBURG	VIRGINIA	24060	540-961-0725
Thomas   Street Address 1   Street Address 2   Street Address 1   Street Address 2   SUTE 1400   State/Province/Country   ZIP/PostalCode   ZIP/PostalCode   ZIP/PostalCode   ZIP/PostalCode   ZIP/Po	3. Related Persons			
Street Address 1 Street Address 2 SUTE 1400 City State/Province/Country State/Province/Country State/Province/Country State/Province/Country State/Province/Country State/Province/Country State/Province/Country State/Province/Country Street Address 2 Street Address 1 Street Address 2 Street Address 2 Street Address 3 Street Address 2 Street Address 4 Street Address 5 Street Address 5 Street Address 6 Street Address 7 Street Address 7 Street Address 9 Street Addr	Last Name	First Name		Middle Name
Suffer Drive   State/Province/Country   State/Province/Country   State/Province/Country   State/Province/Country   State/Province/Country   State/Province/Country   Suffer Suf	Reed	Thomas		
City State/Province/Country VIRGINIA 24060  Relationship: X Executive Officer X Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Crisp Matt Street Address 1 Street Address 2 1750 RAFT DRIVE SUITE 1400  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Crisp State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Steret Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Steret Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  Lity State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  City State/Province/Country ZIP/PostalCode  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beach Robert Promoter  Clarification of Response (if Necessary):	Street Address 1	Street Address 2		
BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer X Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Crisp Matt  Street Address 2  1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Street Address 1  Street Address 2  1750 KRAFT DRIVE SUITE 1400  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Street Address 1  Street Address 2  1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):	1750 KRAFT DRIVE	SUITE 1400		
Relationship: X Executive Officer X Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Crisp Matt Street Address 1 Street Address 2 1750 KRAFT DRIVE Stering Rick Street Address 7):  Last Name First Name Middle Name  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Streing Rick Street Address 2 1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  City State/Province/Country ZIP/PostalCode  City State/Province/Country ZIP/PostalCode  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beach Robert P.	City	State/Province/Co	ountry	ZIP/PostalCode
Clarification of Response (if Necessary):  Last Name	BLACKSBURG	VIRGINIA		24060
Last Name First Name Middle Name  Crisp Matt Street Address 2  1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Sterling Rick Street Address 2  1750 KRAFT DRIVE SUITE 1400  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Sterling Rick Street Address 1 Street Address 2  1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beach Robert P.	Relationship: X Executive O	fficer X Director Promoter		
Crisp         Matt           Street Address 1         Street Address 2           1750 KRAFT DRIVE         SUITE 1400           City         State/Province/Country         ZIP/PostalCode           BLACKSBURG         VIRGINIA         24060           Relationship: X Executive Officer Director Promoter         Promoter           Clarification of Response (if Necessary):         Widdle Name           Last Name         First Name         Middle Name           Street Address 1         Street Address 2           1750 KRAFT DRIVE         SUITE 1400         ZIP/PostalCode           City         State/Province/Country         ZIP/PostalCode           BLACKSBURG         VIRGINIA         24060           Relationship: X Executive Officer Director Promoter         Promoter           Clarification of Response (if Necessary):         Widdle Name           Last Name         First Name         Middle Name           Beech         Robert         P.	Clarification of Response (if N	ecessary):		
Crisp         Matt           Street Address 1         Street Address 2           1750 KRAFT DRIVE         SUITE 1400           City         State/Province/Country         ZIP/PostalCode           BLACKSBURG         VIRGINIA         24060           Relationship: X Executive Officer Director Promoter         Promoter           Clarification of Response (if Necessary):         Widdle Name           Last Name         First Name         Middle Name           Street Address 1         Street Address 2           1750 KRAFT DRIVE         SUITE 1400         ZIP/PostalCode           City         State/Province/Country         ZIP/PostalCode           BLACKSBURG         VIRGINIA         24060           Relationship: X Executive Officer Director Promoter         Promoter           Clarification of Response (if Necessary):         Widdle Name           Last Name         First Name         Middle Name           Beech         Robert         P.	Last Name	First Name		Middle Name
Street Address 1  Street Address 2  1750 KRAFT DRIVE  City  State/Province/Country  BLACKSBURG  VIRGINIA  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name  First Name  Middle Name  Steret Address 1  Street Address 2  1750 KRAFT DRIVE  City  State/Province/Country  Street Address 2  1750 KRAFT DRIVE  City  State/Province/Country  BLACKSBURG  VIRGINIA  VIRGINIA  ZIP/PostalCode  BLACKSBURG  VIRGINIA  24060  Clarification of Response (if Necessary):  Last Name  First Name  Middle Name  Beach  Middle Name  P.				
City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Sterling Rick Street Address 1 Street Address 2  1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert Middle Name	•	Street Address 2		
BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Sterling Rick Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert Promoter	1750 KRAFT DRIVE	SUITE 1400		
BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Sterling Rick Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert Promoter	City	State/Province/Co	ountry	ZIP/PostalCode
Clarification of Response (if Necessary):  Last Name First Name Middle Name  Sterling Rick  Street Address 1 Street Address 2  1750 KRAFT DRIVE SUITE 1400  City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert P.			•	24060
Last Name First Name Middle Name  Sterling Rick Street Address 1 Street Address 2  1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name Beech Robert P.	Relationship: X Executive O	fficer Director Promoter		
Sterling Rick Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060 Relationship: X Executive Officer Director Promoter Clarification of Response (if Necessary):  Last Name First Name Middle Name Beech Robert P.	Clarification of Response (if N	ecessary):		
Sterling Rick Street Address 1 Street Address 2 1750 KRAFT DRIVE SUITE 1400 City State/Province/Country ZIP/PostalCode BLACKSBURG VIRGINIA 24060 Relationship: X Executive Officer Director Promoter Clarification of Response (if Necessary):  Last Name First Name Middle Name Beech Robert P.	Last Name	First Name		Middle Name
Street Address 1  1750 KRAFT DRIVE  SUITE 1400  City  State/Province/Country  BLACKSBURG  VIRGINIA  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name  Beech  Robert  Street Address 2  SUITE 1400  ZIP/PostalCode  24060  Middle Name  Middle Name  P.	Sterling			
City State/Province/Country ZIP/PostalCode  BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert P.	•	Street Address 2		
BLACKSBURG VIRGINIA 24060  Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert P.	1750 KRAFT DRIVE	SUITE 1400		
Relationship: X Executive Officer Director Promoter  Clarification of Response (if Necessary):  Last Name First Name Middle Name  Beech Robert P.	City	State/Province/Co	ountry	ZIP/PostalCode
Clarification of Response (if Necessary):  Last Name First Name Middle Name Beech Robert P.	BLACKSBURG	VIRGINIA		24060
Last Name First Name Middle Name Beech Robert P.	Relationship: X Executive O	fficer Director Promoter		
Beech Robert P.	Clarification of Response (if N	ecessary):		
Beech Robert P.	Last Name	Firet Nama		Middle Name

1/50 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: X Executive Officer Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Kirk	Randal	J.
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: X Executive Officer X Director		24000
Clarification of Response (if Necessary):	, Littlemeter	
Last Name	First Name	Middle Name
Alvarez	Cesar	L.
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: Executive Officer X Director		
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Frank	Steven	
Street Address 1	Street Address 2	
	SUITE 1400	
1750 KRAFT DRIVE		7ID/D4-IO4-
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: Executive Officer X Director	Promoter Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Horner	Larry	
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG		
	VIRGINIA	24060
Relationship: Executive Officer X Director	r Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Mitchell	Dean	J.
Street Address 1	Street Address 2	•
1750 KRAFT DRIVE	SUITE 1400	710/0 110 1
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: Executive Officer X Director	Promoter Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Sobel	Burton	
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
-		
BLACKSBURG	VIRGINIA	24060
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):		

Middle Name

Last Name

First Name

Herberman	Ronald	В.
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: X Executive Officer Director	or Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Colon	Grace	
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
		24000
Relationship: X Executive Officer Director	or Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Goralski	Tom	
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: X Executive Officer Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Zapata	Gerardo	
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: X Executive Officer Director	or Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Kasser	Thomas	
Street Address 1	Street Address 2	
1750 KRAFT DRIVE	SUITE 1400	
City	State/Province/Country	ZIP/PostalCode
BLACKSBURG	VIRGINIA	24060
Relationship: X Executive Officer Director	_	
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?	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 Other Banking & Financial Services Business Services Energy Coal Mining Electric Utilities Energy Conservation Environmental Services Oil & Gas	Construction REITS & Finance Residential Other Real Estate	Tourism & Travel Services Other Travel Other
Other Energy  5. Issuer Size		
Revenue Range OR  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  X Decline to Disclose  Not Applicable	Aggregate Net Asset  No Aggregate Net  \$1 - \$5,000,000  \$5,000,001 - \$25,0  \$25,000,001 - \$50  \$50,000,001 - \$10  Over \$100,000,000  Decline to Disclose  Not Applicable	Asset Value 000,000 ,000,000 0,000,000
6. Federal Exemption(s) and Exclusion(s) CI	aimed (select all that apply)	
Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii)  7. Type of Filing	Rule 505  X Rule 506  Securities Act Sec	ection 4(5) pany Act Section 3(c)  Section 3(c)(9) Section 3(c)(10) Section 3(c)(11) Section 3(c)(12) Section 3(c)(13) Section 3(c)(14)
7. Type of Filing		
X New Notice Date of First Sale 2011-05-26 Amendment	First Sale Yet to Occur	
8. Duration of Offering		
Does the Issuer intend this offering to last more	e than one year? Yes X	No
9. Type(s) of Securities Offered (select all th	at apply)	

X Equity	Pooled Investment Fund Interests	
Debt	Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire Another Security  Security to be Acquired Upon Exercise of Option, Warrant or Other	Mineral Property Securities r Right Other (describe)	
to Acquire Security	Other (describe)	
10. Business Combination Transaction		
Is this offering being made in connection with a business combination acquisition or exchange offer?	transaction, such as a merger, Yes X 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 None	
Perella Weinberg Partners LP	138618	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
None Street Address 1	None Street Address 2	
767 Fifth Avenue	0.1.15	710/0 / 10 /
City New York	State/Province/Country NEW YORK	ZIP/Postal Code 10153
State(s) of Solicitation (select all that apply) Check "All States†or check individual States  All States	Foreign/non-US	
ALABAMA		
CALIFORNIA		
CONNECTICUT		
DISTRICT OF		
FLORIDA		
ILLINOIS		
MARYLAND		
NEW JERSEY		
NEW YORK TEXAS		
VIRGINIA		
13. Offering and Sales Amounts		
Total Offering Amount \$91,825,055 USD or Indefinite		
Total Amount Sold \$91,825,055 USD		
Total Remaining to be Sold \$0 USD or Indefinite		
Clarification of Response (if Necessary):		
A total of \$100,000,052.89 of the issuer's preferred stock was sold in connectiupon Rule 506 of Regulation D.	ion with the offering, which amount includes \$91,825,055 of preferred	d stock sold in reliance
14. Investors		
Select if securities in the offering have been or may be sold to per-		
number of such non-accredited investors who already have invest Regardless of whether securities in the offering have been or may	· ·	50
enter the total number of investors who already have invested in the		58
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finders fees estimate and check the box next to the amount.	expenses, if any. If the amount of an expenditure is not known	, provide an
Sales Commissions \$2,600,662 USD X 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.

¢o HeD	Estimate
\$0 USD	Estimate

Clarification of Response (if Necessary):

In the ordinary course of business, the issuer may use some of the proceeds of the offering to pay salaries to certain of its executive officers and directors.

### 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 Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

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
INTREXON CORP	/s/ Rick Sterling	Rick Sterling	Chief Financial Officer	2011-06-07

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.

<sup>\*</sup> 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.