

# NOVIAN HEALTH INC.

## FORM D/A

(Amended Small Company Offering and Sale of Securities Without Registration)

Filed 03/11/26

Address	222 W. MERCHANDISE MART PLAZA SUITE 228 CHICAGO, IL
Telephone	312-266-7200
CIK	0001433528
Fiscal Year	12/31

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

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

# FORM D

## Notice of Exempt Offering of Securities

### 1. Issuer's Identity

CIK (Filer ID Number)

0001433528

Previous Name(s)  None

NOVIAN HEALTH INC

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

NOVIAN HEALTH INC.

Jurisdiction of  
Incorporation/Organization

DELAWARE

Year of Incorporation/Organization

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

NOVIAN HEALTH INC.

Street Address 1

222 W. MERCHANDISE MART PLAZA

Street Address 2

SUITE 228

City

CHICAGO

State/Province/Country

ILLINOIS

ZIP/Postal Code

60654

Phone No. of Issuer

312-266-7200

### 3. Related Persons

Last Name **Appelbaum** First Name **Henry** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)  
**President, Chief Executive Officer, and Director**

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Last Name **Bonner** First Name **Stephen** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)

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Last Name **Laceneré** First Name **Anthony** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)

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Last Name **Regan** First Name **John** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)

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Last Name **Bajorinas** First Name **Eugene** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)  
**Vice President of Operations and Secretary**

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Last Name **Graveman** First Name **William** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)  
**Vice President of Engineering**

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Last Name **Gordon** First Name **Charles** Middle Name  
Street Address 1 **222 W. Merchandise Mart Plaza** Street Address 2 **Suite 228**  
City **Chicago** State/Province/Country **INDIANA** ZIP/Postal Code **60654**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)

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## 4. Industry Group

- Agriculture
- Banking & Financial Services
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund
  - 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   | Aggregate Net Asset Value Range                       |
|---|---|
| <input type="checkbox"/> No Revenues                    | <input type="checkbox"/> No Aggregate Net Asset Value |
| <input type="checkbox"/> \$1 - \$1,000,000              | <input type="checkbox"/> \$1 - \$5,000,000            |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000      | <input type="checkbox"/> \$5,000,001 - \$25,000,000   |
| <input type="checkbox"/> \$5,000,001 - \$25,000,000     | <input type="checkbox"/> \$25,000,001 - \$50,000,000  |
| <input type="checkbox"/> \$25,000,001 - \$100,000,000   | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> Over \$100,000,000             | <input type="checkbox"/> Over \$100,000,000           |
| <input checked="" type="checkbox"/> Decline to Disclose | <input type="checkbox"/> Decline to Disclose          |
| <input type="checkbox"/> Not Applicable                 | <input type="checkbox"/> Not Applicable               |

## 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Rule 505                            |
| <input type="checkbox"/> Rule 504 (b)(1)(i)                      | <input checked="" type="checkbox"/> Rule 506(b)              |
| <input type="checkbox"/> Rule 504 (b)(1)(ii)                     | <input type="checkbox"/> Rule 506(c)                         |
| <input type="checkbox"/> Rule 504 (b)(1)(iii)                    | <input type="checkbox"/> Securities Act Section 4(a)(5)      |
|  | <input type="checkbox"/> Investment Company Act Section 3(c) |

## 7. Type of Filing

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> New Notice           | Date of First Sale <b>2024-01-10</b> | <input type="checkbox"/> First Sale Yet to Occur |
| <input checked="" type="checkbox"/> 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)

- |  |  |
|--|--|
| <input type="checkbox"/> Pooled Investment Fund Interests  | <input type="checkbox"/> Equity  |
| <input type="checkbox"/> Tenant-in-Common Securities   | <input checked="" type="checkbox"/> Debt   |
| <input type="checkbox"/> Mineral Property Securities   | <input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input checked="" type="checkbox"/> Other (describe)   |
|  | <a href="#">Convertible Notes</a>  |

## 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 **B. Riley Wealth Management, Inc.** Recipient CRD Number  None  
**2543**  
(Associated) Broker or Dealer  None (Associated) Broker or Dealer CRD Number  None

Street Address 1 **40 S. Main Street, Suite 1800** Street Address 2  
City **Memphis** State/Province/Country **TENNESSEE** ZIP/Postal Code **38103**  
State(s) of Solicitation  All States  Foreign/Non-US  
**MISSOURI**  
**ILLINOIS**  
**INDIANA**  
**FLORIDA**  
**KANSAS**  
**NEW YORK**  
**KENTUCKY**  
**PENNSYLVANIA**  
**MASSACHUSETTS**  
**NORTH CAROLINA**  
**OHIO**  
**MICHIGAN**  
**CALIFORNIA**

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Recipient **Alliance Global Partners, LLC** Recipient CRD Number  None  
**8361**  
(Associated) Broker or Dealer  None (Associated) Broker or Dealer CRD Number  None

Street Address 1 **590 Madison Avenue** Street Address 2 **28th Floor**  
City **New York** State/Province/Country **NEW YORK** ZIP/Postal Code **10022**  
State(s) of Solicitation  All States  Foreign/Non-US  
**MISSOURI**  
**ILLINOIS**  
**INDIANA**  
**FLORIDA**  
**KANSAS**  
**NEW YORK**  
**KENTUCKY**  
**PENNSYLVANIA**  
**MASSACHUSETTS**  
**NORTH CAROLINA**  
**OHIO**  
**MICHIGAN**  
**CALIFORNIA**

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### 13. Offering and Sales Amounts

Total Offering Amount                    \$ 1000000 USD                     Indefinite

Total Amount Sold                        \$ 5325000 USD

Total Remaining to be Sold                \$ 4675000 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: **28**

### 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    \$ 57750 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, 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: (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
NOVIAN HEALTH INC.	/s/ Henry R. Appelbaum	Henry R. Appelbaum	President, Chief Executive Officer, and Director	2026-03-11