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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

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	<input type="checkbox"/> None	Entity Type
0001730463	Autolus Therapeutics Ltd		<input type="checkbox"/> Corporation
Name of Issuer			<input type="checkbox"/> Limited Partnership
Autolus Therapeutics plc			<input type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization			<input type="checkbox"/> General Partnership
UNITED KINGDOM			<input type="checkbox"/> Business Trust
Year of Incorporation/Organization			<input checked="" type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Over Five Years Ago			
<input type="checkbox"/> Within Last Five Years (Specify Year)			
<input type="checkbox"/> Yet to Be Formed			Public Limited Company

2. Principal Place of Business and Contact Information

Name of Issuer			
Autolus Therapeutics plc			
Street Address 1		Street Address 2	
c/o MediaWorks		191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
London	UNITED KINGDOM	W12 7FP	(44) 20 3829 6230

3. Related Persons

Last Name	First Name	Middle Name
Itin	Christian	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Dolski	Robert	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Braendle	Edgar	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Brochu	David	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Pule	Martin	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Vann	Christopher	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Rice	Brent	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Johnson	John	H.
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Anderson	Joseph	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name

Azelby	Robert	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Bain	Linda	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Berriman	John	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Butitta	Cynthia	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Iannone	Robert	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Leiderman	Elisabeth	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W12 7FP
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Murphy	Martin	
Street Address 1	Street Address 2	
c/o Autolus Therapeutics plc	c/o MediaWorks, 191 Wood Lane	

City

London

State/Province/Country

UNITED KINGDOM

ZIP/PostalCode

W12 7FP

Relationship:

☐ Executive Officer

☒ Director

☐ Promoter

Clarification of Response (if Necessary):

Last Name

Young

First Name

William

Middle Name

D.

Street Address 1

c/o Autolus Therapeutics plc

Street Address 2

c/o MediaWorks, 191 Wood Lane

ZIP/PostalCode

W12 7FP

City

London

State/Province/Country

UNITED KINGDOM

Relationship:

☐ Executive Officer

☒ Director

☐ Promoter

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?

☐ Yes☐ No

☐ 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

☐ 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

OR

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 504 (b)(1)(i)

☐ Rule 504 (b)(1)(ii)

☐ Rule 504 (b)(1)(iii)

☐ Investment Company Act Section 3(c)

☐ Section 3(c)(1)

☐ Section 3(c)(2)

☐ Section 3(c)(9)

☐ Section 3(c)(10)

☒ Rule 506(b)

☐ Rule 506(c)

☐ Securities Act Section 4(a)(5)

☐ Section 3(c)(3)

☐ Section 3(c)(4)

☐ Section 3(c)(5)

☐ Section 3(c)(6)

☐ Section 3(c)(7)

☐ Section 3(c)(11)

☐ Section 3(c)(12)

☐ Section 3(c)(13)

☐ Section 3(c)(14)

7. Type of Filing

☒ New Notice Date of First Sale 2024-02-13 ☐ 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 Offered (select all that apply)

☒ Equity

☐ Debt

☐ Option, Warrant or Other Right to Acquire Another Security

☐ Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security

☐ Pooled Investment Fund Interests

☐ Tenant-in-Common Securities

☐ Mineral Property Securities

☐ 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 ☒ No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient

(Associated) Broker or Dealer ☒ None

Street Address 1

City

State(s) of Solicitation (select all that apply)
Check "All States" or check individual States ☐ All States

Recipient CRD Number ☒ None

(Associated) Broker or Dealer CRD Number ☒ None

Street Address 2

State/Province/Country

ZIP/Postal Code

☐ Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$200,000,000 USD or ☐ Indefinite

Total Amount Sold \$200,000,000 USD

Total Remaining to be Sold \$0 USD or ☐ 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, 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:

1

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
Autolus Therapeutics plc	/s/ Christian Itin	Christian Itin	Chief Executive Officer	2024-02-23

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.