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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

1. Issuer's Identity

CIK (Filer ID Number)

[0001853816](#)

Name of Issuer

[Dermata Therapeutics, Inc.](#)

Jurisdiction of Incorporation/Organization

[DELAWARE](#)

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year) [2021](#)

Yet to Be Formed

Previous
Names

None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other (Specify)

2. Principal Place of Business and Contact Information

Name of Issuer

[Dermata Therapeutics, Inc.](#)

Street Address 1

[3525 DEL MAR HEIGHTS RD., #322](#)

Street Address 2

City

[SAN DIEGO](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[92130](#)

Phone Number of Issuer

[\(858\)-223-0882](#)

3. Related Persons

Last Name

[Proehl](#)

First Name

[Gerald](#)

Middle Name

Street Address 1

[3525 DEL MAR HEIGHTS RD., #322](#)

Street Address 2

City

[San Diego](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[92130](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

[Van Hoose](#)

First Name

[Kyri](#)

Middle Name

[K.](#)

Street Address 1

[3525 DEL MAR HEIGHTS RD., #322](#)

Street Address 2

City

[San Diego](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[92130](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name

[Nardo](#)

First Name

[Christopher](#)

Middle Name

[J.](#)

Street Address 1

[3525 DEL MAR HEIGHTS RD., #322](#)

Street Address 2

City

[San Diego](#)

State/Province/Country

[CALIFORNIA](#)

ZIP/PostalCode

[92130](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Bedoya Toro Munera	Maria	
Street Address 1	Street Address 2	
3525 DEL MAR HEIGHTS RD., #322		
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92130
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
Hale	David	
Street Address 1	Street Address 2	
3525 DEL MAR HEIGHTS RD., #322		
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92130
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
Wierenga	Wendell	
Street Address 1	Street Address 2	
3525 DEL MAR HEIGHTS RD., #322		
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92130
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
Sandler	Andrew	
Street Address 1	Street Address 2	
3525 DEL MAR HEIGHTS RD., #322		
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92130
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
Bradrick	Brittany	
Street Address 1	Street Address 2	
3525 DEL MAR HEIGHTS RD., #322		
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92130
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
Scott	Kathleen	
Street Address 1	Street Address 2	
3525 DEL MAR HEIGHTS RD., #322		
City	State/Province/Country	ZIP/PostalCode
San Diego	CALIFORNIA	92130
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
Fisher	Mary	
Street Address 1	Street Address 2	

3525 DEL MAR HEIGHTS RD., #322

City San Diego State/Province/Country CALIFORNIA ZIP/PostalCode 92130

Relationship: [] Executive Officer [X] Director [] Promoter

Clarification of Response (if Necessary):

Last Name Mento First Name Steven Middle Name J.
Street Address 1 3525 DEL MAR HEIGHTS RD., #322 Street Address 2
City San Diego State/Province/Country CALIFORNIA ZIP/PostalCode 92130
Relationship: [] Executive Officer [X] Director [] Promoter

Clarification of Response (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 [] Manufacturing [] Travel
Is the issuer registered as an investment company under the Investment Company Act of 1940? [] Yes [] No [] Airlines & Airports
[] Other Banking & Financial Services [] Real Estate [] Lodging & Conventions
[] Business Services [] Commercial [] Tourism & Travel Services
[] Energy [] Construction [] Other Travel
[] Coal Mining [] REITS & Finance [] Other
[] Electric Utilities [] Residential
[] Energy Conservation [] Other Real Estate
[] Environmental Services
[] Oil & Gas
[] Other Energy

5. Issuer Size

- Revenue Range OR Aggregate Net Asset Value Range
[] No Revenues [] No Aggregate Net Asset Value
[] \$1 - \$1,000,000 [] \$1 - \$5,000,000
[] \$1,000,001 - \$5,000,000 [] \$5,000,001 - \$25,000,000
[] \$5,000,001 - \$25,000,000 [] \$25,000,001 - \$50,000,000
[] \$25,000,001 - \$100,000,000 [] \$50,000,001 - \$100,000,000
[] Over \$100,000,000 [] Over \$100,000,000
[X] Decline to Disclose [] Decline to Disclose
[] Not Applicable [] 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"/> Investment Company Act Section 3(c) | |
| <input type="checkbox"/> Rule 504 (b)(1)(i) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504 (b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504 (b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input checked="" type="checkbox"/> Rule 506(b) | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 506(c) | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input type="checkbox"/> Securities Act Section 4(a)(5) | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| | <input type="checkbox"/> Section 3(c)(7) | |

7. Type of Filing

- New Notice Date of First Sale [2025-01-21](#) 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)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input checked="" type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> 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 H.C. Wainwright & Co., LLC (Associated) Broker or Dealer <input checked="" type="checkbox"/> None None	Recipient CRD Number <input type="checkbox"/> None 000000375 (Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None None	
Street Address 1 430 PARK AVENUE	Street Address 2 4TH FLOOR	
City New York	State/Province/Country NEW YORK	ZIP/Postal Code 10022
State(s) of Solicitation (select all that apply) Check "All States" or check individual States <input checked="" type="checkbox"/> All States	<input type="checkbox"/> Foreign/non-US	

13. Offering and Sales Amounts

Total Offering Amount \$2,550,000 USD or Indefinite
Total Amount Sold \$2,550,000 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:

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 \$174,751 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

Includes a cash fee equal to 7% of the aggregate gross proceeds raised from outside institutional investors and 3.5% of the aggregate gross proceeds raised from insider investors, a management fee of 1% and a non-accountable expense allowance of \$25,000.

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):

Some of the proceeds may be used for working capital and general corporate purposes, including the payment of salaries and other fees to those listed in Item 3.

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
Dermata Therapeutics, Inc.	/s/ Gerald Proehl	Gerald Proehl	Chief Executive Officer	2025-02-04

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.