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

Notice of Exempt Offering of Securities

OMB APPROVAL OMB 3235-Number: 0076 Estimated average burden hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	None	Entity	у Туре
<u>0001341235</u>	Neuron Syste	ems Inc	X Corporation	
Name of Issuer	U		Limited Partnersh	nip
Aldexa Therapeutics, Inc.			Limited Liability	Company
Jurisdiction of			General Partnersh	nip
Incorporation/Organization	l		Business Trust	
DELAWARE			Other (Specify)	
Year of Incorporation/Or	ganization			
X Over Five Years Ago				
Within Last Five Years (Specify	Year)			
Yet to Be Formed				
2. Principal Place of Business and Co	ontact Information			
Name of Issue	r			
Aldexa Therapeutics, Inc.				
Street Address	1		Street Address 2	
15 NEW ENGLAND EXECUTIVE	PARK			
City State	e/Province/Country	ZIP/Post	alCode Phone Number of	Issuer
BURLINGTON MASS	ACHUSETTS	01803	617-513-9882	
3. Related Persons				
Last Name	Firs	t Name	Middle Name	
Brady	Todd			
Street Address 1	Street .	Address 2		
15 New England Executive Park				
City	State/Prov	ince/Country	ZIP/PostalCode	
Burlington	MASSACHUSET	TS	01803	
Relationship: X Executive Officer 2	X Director Promote	er		
Clarification of Response (if Necessa	ury):			
Last Name	Firs	t Name	Middle Name	
Cagle	Gerald			
Street Address 1	Street	Address 2		
15 New England Executive Park				
City	State/Prov	ince/Country	ZIP/PostalCode	
Burlington	MASSACHUSET	5	01803	
Relationship: X Executive Officer 2				

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Dowling	John	
Street Address 1	Street Address 2	
15 New England Executive Park		
City	State/Province/Country	ZIP/PostalCode
Burlington	MASSACHUSETTS	01803
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	ressary):	
Last Name	First Name	Middle Name
Bronstein	Ben	
Street Address 1	Street Address 2	
15 New England Executive Park		
City	State/Province/Country	ZIP/PostalCode
Burlington	MASSACHUSETTS	01803
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	essary):	
Last Name	First Name	Middle Name
Xavier	Asish	
Street Address 1	Street Address 2	
15 New England Executive Park		
City	State/Province/Country	ZIP/PostalCode
Burlington	MASSACHUSETTS	01803
Relationship: Executive Offic	er X Director Promoter	
Clarification of Response (if Nec	essary):	
Clarification of Response (if Nec	First Name	Middle Name
		Middle Name
Last Name Phillips Street Address 1	First Name Gary Street Address 2	Middle Name
Last Name Phillips Street Address 1 15 New England Executive Park	First Name Gary Street Address 2	
Last Name Phillips Street Address 1 15 New England Executive Park City	First Name Gary Street Address 2 State/Province/Country	ZIP/PostalCode
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS	
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington	First Name Gary Street Address 2 State/Province/Country	ZIP/PostalCode
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS erer X Director Promoter	ZIP/PostalCode
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS erer X Director Promoter	ZIP/PostalCode
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nec	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS erer X Director Promoter ressary):	ZIP/PostalCode 01803
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Offic Clarification of Response (if Nec 4. Industry Group Agriculture	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS er X Director Promoter eessary): Health Care	ZIP/PostalCode 01803 Retailing
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Offic Clarification of Response (if Nec 4. Industry Group Agriculture Banking & Financial Services	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS erer X Director Promoter ressary): Health Care X Biotechnology	ZIP/PostalCode 01803 Retailing Restaurants
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Offic Clarification of Response (if Nec 4. Industry Group Agriculture Banking & Financial Services Commercial Banking	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS er X Director Promoter eessary): Health Care	ZIP/PostalCode 01803 Retailing
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nec 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS erer X Director Promoter ressary): Health Care X Biotechnology	ZIP/PostalCode 01803 Retailing Restaurants
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Offic Clarification of Response (if Nec (Iarification of Response (if Nec Agriculture Banking & Financial Services Commercial Banking Insurance Investing	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS erer X Director Promoter ressary): Health Care X Biotechnology Health Insurance	ZIP/PostalCode 01803 Retailing Restaurants Technology
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nec Clarification of Response (if Nec 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS eer X Director Promoter eessary): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals	ZIP/PostalCode 01803 Retailing Restaurants Technology Computers Telecommunications
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nec 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Pooled Investment Fund	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS er X Director Promoter essary): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care	ZIP/PostalCode 01803 Retailing Restaurants Technology Computers Telecommunications Other Technology
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nec Clarification of Response (if Nec Clarification of Response (if Nec Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Nooled Investment Fund Is the issuer registered as	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS eer X Director Promoter eessary): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing	ZIP/PostalCode 01803 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nece 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company und	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS MASSACHUSETTS MASSACHUSETTS eer X Director Promoter eerssary): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Manufacturing	ZIP/PostalCode 01803 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
Last Name Phillips Street Address 1 15 New England Executive Park City Burlington Relationship: Executive Office Clarification of Response (if Nec Clarification of Response (if Nec 4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company und	First Name Gary Street Address 2 State/Province/Country MASSACHUSETTS eer X Director Promoter eessary): Health Care X Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing	ZIP/PostalCode 01803 Retailing Restaurants Technology Computers Telecommunications Other Technology Travel

Yes No Other Banking & Financial Services

Tourism & Travel Services Other Travel

REITS & Finance

Business ServicesResidentialOtherEnergyOther Real EstateImage: Coal MiningImage: Coal MiningElectric UtilitiesImage: ConservationImage: ConservationEnergy ConservationImage: Coal & C

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)

Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i)	Rule 505 X Rule 506	
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Securities Act Section Investment Company	
	Section 3(c)(1)	Section 3(c)(9)
	Section 3(c)(2)	Section 3(c)(10)
	Section 3(c)(3)	Section 3(c)(11)
	Section 3(c)(4)	Section 3(c)(12)
	Section 3(c)(5)	Section 3(c)(13)
	Section 3(c)(6)	Section 3(c)(14)
	Section 3(c)(7)	

7. Type of Filing

- X New Notice Date of First Sale 2012-12-20 First Sale Yet to Occur Amendment
- 8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity

Debt

X 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 Yes X No a merger, acquisition or exchange offer? Clarification of Response (if Necessary): 11. Minimum Investment Minimum investment accepted from any outside investor \$0 USD 12. Sales Compensation Recipient Recipient CRD Number X None (Associated) Broker or Dealer CRD Number X None (Associated) Broker or Dealer X None Street Address 1 Street Address 2 City State/Province/Country **ZIP/Postal** Code State(s) of Solicitation (select all that apply) All States Foreign/non-US Check "All States" or check individual States 13. Offering and Sales Amounts **Total Offering Amount** \$8,787,906 USD or Indefinite **Total Amount Sold** \$4,793,666 USD Total Remaining to be Sold \$3,994,240 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	\$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 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
Aldexa Therapeutics, Inc.	Todd Brady	Todd Brady	President	2013-01-03

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.