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

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Names	None	Entity Type
0001321834	MyMD Pharm	aceuticals,	X Corporation
Name of Issuer	Inc.		Limited Partnership
TNF Pharmaceuticals, Inc.	Akers Bioscier	nces, Inc.	H
Jurisdiction of Incorporation/Organ	ization Akers Bioscier	nces Inc	Limited Liability Company
DELAWARE			General Partnership
Year of Incorporation/Organization			Business Trust
Over Five Years Ago			Other (Specify)
X Within Last Five Years (Specify	Year) 2023		
Yet to Be Formed			
2. Principal Place of Business an	d Contact Information		
Name of Issuer			
TNF Pharmaceuticals, Inc.			
Street Address 1		Street Address 2	
1185 AVENUE OF THE AMERICAS	S	SUITE 249	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
NEW YORK	NEW YORK	10036	856-848-8698
3. Related Persons			
Last Name	First Name		Middle Name
Rhodes	Ian		
Street Address 1	Street Address 2		
1185 Avenue of the Americas	Suite 249		
City	State/Province/Cou	ıntry	ZIP/PostalCode
New York	NEW YORK		10036
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	sary):		
Chief Financial Officer			
Last Name	First Name		Middle Name
Schreiber	Christopher		
Street Address 1	Street Address 2		
1185 Avenue of the Americas	Suite 249		
City	State/Province/Cou	ıntry	ZIP/PostalCode
New York	NEW YORK		10036
	X Director Promoter		
Clarification of Response (if Necess	sary):		
Last Name	First Name		Middle Name
Silverman	Joshua		
Street Address 1	Street Address 2		
1185 Avenue of the Americas	Suite 249		
City	State/Province/Cou	untry	ZIP/PostalCode
New York	NEW YORK		10036
Relationship: X Executive Officer	X Director Promoter		

_ast Name	First Name	Middle Name	
Bernstein	Bruce		
Street Address 1	Street Address 2		
1185 Avenue of the Americas	Suite 249		
City	State/Province/Country	ZIP/PostalCode	
New York	NEW YORK	10036	
Relationship: Executive Officer X	Director Promoter		
Clarification of Response (if Necessa	ary):		
_ast Name	First Name	Middle Name	
White	Bill	J.	
Street Address 1	Street Address 2		
1185 Avenue of the Americas	Suite 249		
City	State/Province/Country	ZIP/PostalCode	
	NEW YORK	10036	
New York Relationship: Executive Officer X Clarification of Response (if Necessa		10000	
Relationship: Executive Officer X	Director Promoter	Middle Name	
Relationship: Executive Officer X	Director Promoter ary):		
Relationship: Executive Officer X Clarification of Response (if Necessa Last Name	Director Promoter ary): First Name		
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia	Director Promoter ary): First Name Stephen		
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1	Director Promoter ary): First Name Stephen Street Address 2		
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas	Director Promoter ary): First Name Stephen Street Address 2 Suite 249	Middle Name	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City	Director Promoter ary): First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK	Middle Name ZIP/PostalCode	
Relationship: Executive Officer X Clarification of Response (if Necessar Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York Relationship: Executive Officer X	Director Promoter ary): First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter	Middle Name ZIP/PostalCode	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York Relationship: Executive Officer X Clarification of Response (if Necessal	Director Promoter ary): First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter	Middle Name ZIP/PostalCode	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York Relationship: Executive Officer X Clarification of Response (if Necessal Last Name	Director Promoter First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter ary):	Middle Name ZIP/PostalCode 10036	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Glass	Director Promoter First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter ary): First Name	Middle Name ZIP/PostalCode 10036	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Glass Street Address 1	Director Promoter ary): First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter ary): First Name Mitchell	Middle Name ZIP/PostalCode 10036	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Glass Street Address 1 1185 Avenue of the Americas	Director Promoter ary): First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter ary): First Name Mitchell Street Address 2	Middle Name ZIP/PostalCode 10036	
Relationship: Executive Officer X Clarification of Response (if Necessal Last Name Friscia Street Address 1 1185 Avenue of the Americas City New York	Director Promoter ary): First Name Stephen Street Address 2 Suite 249 State/Province/Country NEW YORK Director Promoter ary): First Name Mitchell Street Address 2 Suite 249	Middle Name ZIP/PostalCode 10036 Middle Name	

Clarification of Response (if Necessary):

Chief Medical Officer

4. Industry Group

Agriculture	Health Care	Retailing
Banking & Financial Services	Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing		
Investment Banking	X Pharmaceuticals	Telecommunications
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as an investment company under	Manufacturing	Travel
the Investment Company	Real Estate	Airlines & Airports
Act of 1940?	Commercial	Lodging & Conventions
∐Yes ∐No	Construction	Tourism & Travel Services
Other Banking & Financial Services	REITS & Finance	☐ Other Travel
Business Services	Residential	
Energy	Other Real Estate	Other
Coal Mining		
Electric Utilities		
Energy Conservation		
Environmental Services		
Oil & Gas		
Other Energy		
Other Energy		
5. Issuer Size		
	Aggregate Not	Accet Value Bango
Revenue Range OR No Revenues		Asset Value Range e Net Asset Value
\$1 - \$1,000,000	\tag{\text{\$1 - \$5,000,0}}	
\$1,000,001 - \$5,000,000	\$5,000,001 -	
\$5,000,001 - \$25,000,000	븜	- \$50,000,000
\$25,000,001 - \$100,000,000	Ħ	- \$100,000,000
Over \$100,000,000	Over \$100,00	00,000
X Decline to Disclose	Decline to Dis	
Not Applicable	Not Applicabl	le
6. Federal Exemption(s) and Exclusion(s	Claimed (select all that app	olv)
err cuerar Exempliente, una Exeruerente	y ciamica (coloct an that app	-31
	Investmen	nt Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3	(c)(1) Section 3(c)(9)
Rule 504 (b)(1)(i)	Section 3	(c)(2) Section 3(c)(10)
Rule 504 (b)(1)(ii)	Section 3	
Rule 504 (b)(1)(iii)	블	
X Rule 506(b)	Section 3	(c)(4) Section 3(c)(12)
Rule 506(c)	Section 3	(c)(5) Section 3(c)(13)
Securities Act Section 4(a)(5)	Section 3	(c)(6) Section 3(c)(14)
	Section 3	(c)(7)
7. Type of Filing	_ _	
_		
New Notice Date of First Sale 2025-09-	02 First Sale Yet to Occur	
Amendment		
8. Duration of Offering		

Does the Issuer intend this offering to last more than one year?	es 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 X Security to be Acquired Upon Exercise of Option, Warrant or Other	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Right to Other (describe)	
Acquire Security	Ц	
10. Business Combination Transaction		
Is this offering being made in connection with a business combination or exchange offer?	transaction, such as a merger, acquisition 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	
GP Nurmenkari Inc.	000153480	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number $\overline{\mathrm{X}}$ None	
None	None	
Street Address 1 22 Elizabeth Street	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
Norwalk	CONNECTICUT	06854
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
CONNECTICUT NEW YORK		
Recipient	Recipient CRD Number None	
Rodman & Renshaw, LLC	000281264	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
None Street Address 1 600 Lexington Ave	None Street Address 2	
City New York	State/Province/Country NEW YORK	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
NEW YORK		
Recipient	Recipient CRD Number None	
H.C. Wainwright & Co., LLC	000000375	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
None	None	
Street Address 1	Street Address 2	
430 Park Ave	4th Floor	710/0 / 10 /
City New York	State/Province/Country	ZIP/Postal Code
NEW YORK State(s) of Solicitation (select all that apply) Check "All States" or check individual States All States The NEW YORK 10022 Foreign/non-US		
NEW YORK		
13. Offering and Sales Amounts		

Total Offering Amount \$7,000,000 USD or Indefinite
Total Amount Sold \$7,000,000 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:
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 \$630,000 USD Estimate
Finders' Fees \$0 USD Estimate
Clarification of Response (if Necessary):
Issuer issued to placement agents (or their designees) warrants to purchase up to 126,000 shares at an exercise price of \$5.00 (subject to price-based adjustment) under Section 4(a)(2)
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
TNF Pharmaceuticals, Inc.	/s/ Mitchell Glass	Mitchell Glass	Chief Medical Officer	2025-09-05

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.