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**

OMB APPROVAL

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

Notice of Exempt Offering of Securities

1. Issuer's Identity			
	Drovious		
CIK (Filer ID Number)	Previous Names	X None	Entity Type
0000882291			X Corporation
Name of Issuer			Limited Partnership
AETHLON MEDICAL INC			
Jurisdiction of Incorporation/Organi	ization		☐ Limited Liability Company
NEVADA			General Partnership
Year of Incorporation/Organization			Business Trust
X Over Five Years Ago			Other (Specify)
Within Last Five Years (Specify	Year)		
Yet to Be Formed			
2. Principal Place of Business an	d Contact Information		
Name of Issuer			
AETHLON MEDICAL INC			
Street Address 1		Street Address 2	
3030 Bunker Hill Street, Suite 4000			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
San Diego	CA	92109	858-459-7800
3. Related Persons			
Last Name	First Name		Middle Name
Joyce	James		A.
Street Address 1	Street Address 2		
3030 Bunker Hill Street, Suite 4000			
City	State/Province/Co	ountry	ZIP/PostalCode
San Diego	CA □ □		92109
Relationship: X Executive Officer	X Director Promoter		
Clarification of Response (if Necess	sary):		
Last Name	First Name		Middle Name
Tullis	Richard		H.
Street Address 1	Street Address 2		
3030 Bunker Hill Street, Suite 4000			710/0 4 10 4
City San Diego	State/Province/Co	ountry	ZIP/PostalCode 92109
			32103
Relationship: X Executive Officer			
Clarification of Response (if Necess	sary):		
Last Name	First Name		Middle Name
Barry, Jr.	Franklyn		S.
Street Address 1	Street Address 2		
3030 Bunker Hill Street, Suite 4000			TID (D. 1.10.)
City	State/Province/Co	ountry	ZIP/PostalCode
San Diego	CA		92109

Relationship: Executive Officer X Director	Promoter		
Clarification of Response (if Necessary):			
Last Name Broenniman Street Address 1 3030 Bunker Hill Street, Suite 4000 City San Diego Relationship: Executive Officer X Director Clarification of Response (if Necessary):	First Name Edward Street Address 2 State/Province/Country CA Promoter	Middle Name G. ZIP/PostalCode 92109	
4. Industry Group			
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	Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel Other	
5. Issuer Size Revenue Range OR X No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000		\$25,000,000 \$50,000,000	
Over \$100,000,000 Decline to Disclose Not Applicable	Over \$100,000 Decline to Disc Not Applicable	0,000 close	
6. Federal Exemption(s) and Exclusion(s) Cla	aimed (select all that apply	y)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505		

Rule 504 (b)(1)(i)	X Rule 506				
Rule 504 (b)(1)(ii)	Securities Act Section 4(5)				
Rule 504 (b)(1)(iii)	Investment Company Act Section 3(c)				
	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 2009-07-10 First Sale	e Yet to Occur				
8. Duration of Offering					
Does the Issuer intend this offering to last more than one y	vear? Yes X No				
9. Type(s) of Securities Offered (select all that apply)					
Equity	Pooled Investment Fund Interests				
X Debt	Tenant-in-Common Securities				
Option, Warrant or Other Right to Acquire Another Secu	rity Mineral Property Securities				
Security to be Acquired Upon Exercise of Option, Warra Acquire Security	ont or Other Right to Other (describe)				
10. Business Combination Transaction					
Is this offering being made in connection with a business or exchange offer?	ombination transaction, such as a merger, acquisition Yes X No)			
Clarification of Response (if Necessary):					
11. Minimum Investment					
Minimum investment accepted from any outside investor 9	SO USD				
12. Sales Compensation					
Recipient	Recipient CRD Number X None				
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None				
Street Address 1 City	Street Address 2 State/Province/Country	ZIP/Postal Code			
State(s) of Solicitation (select all that apply) Check "All States" or check individual States		Zii /i Ostai Code			
13. Offering and Sales Amounts					
Total Offering Amount \$300,000 USD or Indefinite	}				
Total Amount Sold \$300,000 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 such non-accredited investors who already have investors	sold to persons who do not qualify as accredited investors, and enterted in the offering.	r the number of			

total number of investors who already have invested in the offering:	
5. 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 estimple beach the box next to the amount.	ate and
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 nan 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 is unknown, provide an estimate and check the box next to the amount is unknown.	
\$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
Aethlon Medical, Inc.	/s/ James A. Joyce	James A. Joyce	Chief Executive Officer	2009-09-03

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 car 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.