FORM D

Notice of Exempt Offering of Securities

1 loouarla Idantitu

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

T. Issuer's identity			
CIK (Filer ID Number)	Previous Name(s)	None None	Entity Type
0001575793	DvineWave Inc.		Corporation
Name of Issuer			C Limited Partnership
Energous Corp			
Jurisdiction of			Limited Liability Company
Incorporation/Organization			C General Partnership
DELAWARE			C Business Trust
Year of Incorporation/Organ	ization		0
O Over Five Years Ago			V Other
• Within Last Five Years (Specify Year)	2012		

• Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer			
Energous Corp			
Street Address 1		Street Address 2	
3590 NORTH FIRST STREET		SUITE 210	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
SAN JOSE	CALIFORNIA	95134	(408) 963-0200

3. Related Persons

Last Name	First Name		Middle Name		
Rizzone	Stephen		R.		
Street Address 1	St	reet Address 2			
3590 North First Street	S	Suite 210			
City	State/Province/Country	У	ZIP/Postal Code	2	
San Jose	CALIFORNIA		95134		
Relationship: 🔽 Execu	tive Officer	Director	Г Р1	romoter	
Clarification of Response (if Necessar	y)				
	• ·				
Last Name	First Name		Middle Name		
Leabman	Michael				
Street Address 1	Sti	reet Address 2			
3590 North First Street	S	Suite 210			
City	State/Province/Country	у	ZIP/Postal Code		

Relationship: Image: Executive Officer Image: Director Promoter Clarification of Response (if Necessary) Image: Director Image: Director Image: Director Last Name First Name Middle Name Street Address 2 Image: Director Image: Director Street Address 1 Street Address 2 Street Address 2 Image: Director Image: Director Image: Director Clarification of Response (if Necessary) Image: Director Image: Director Image: Director Image: Director Last Name First Name Middle Name Image: Director Image: Director Image: Director Last Name First Name Middle Name Image: Director Image: Director Image: Director City State/Province/Country ZIP/Postal Code Image: Director Image: Director Image: Director City State/Province/Country ZIP/Postal Code Image: Director Image: Director Image: Director Last Name First Name Middle Name Image: Director Image: Director Image: Director Last Name First Name Middle Name Image: Director Image: Director		95134	IA	CALIFORNL	ın Jose
Last Name First Name Middle Name Cooper Martin Street Address 1 Street Address 2 3590 North First Street CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) R. Street Address 2 3590 North First Street Suite 210 R. Street Address 1 Street Address 2 Street Address 2 3590 North First Street Suite 210 Street Address 2 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Street Address 2 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name J. Street Address 1 Street Address 2 3590 North First Street J. Street Address 1 Street Address 2 J. J. <td></td> <td>Promoter</td> <td>Director</td> <td>Executive Officer</td> <td>lationship:</td>		Promoter	Director	Executive Officer	lationship:
Cooper Martin Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Image: Street Address 1 Street Address 2 3590 North First Street Street Address 1 City State/Province/Country ZIP/Postal Code San Jose Calification of Response (if Necessary) City State/Province/Country ZIP/Postal Code San Jose Calification of Response (if Necessary) City Street Address 1 Street Address 2 Solon Officer Image: Calification of Response (if Necessary) Last Name First Name Middle Name Criffin Robert J. Street Address 1 Street Address 2 Stop North First Street Street Address 1 Street Address 1 Street Address 2 Stop North First Street Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 <td></td> <td></td> <td></td> <td>ecessary)</td> <td>rification of Response (if N</td>				ecessary)	rification of Response (if N
Cooper Martin Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 Street Address 2 Street Address 1 Street Address 2 State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Ø Director Promoter Clarification of Response (if Necessary) City State/Province/Country ZIP/Postal Code San Jose Calification of Response (if Necessary) City State/Province/Country ZIP/Postal Code San Jose Calification of Response (if Necessary) City State/Province/Country JIP/Postal Code San Jose Calification of Response (if Necessary) City State/Province/Country ZIP/Postal Code San Jose Country City State/Province/Country ZIP/Postal Code San Jose Country ZIP/Postal Code San Jose Country ZIP/Postal Code San Jose Country State/Province/Country ZIP/Postal Code San Jose Country ZIP					
Cooper Martin Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose Calification of Response (if Necessary) City State/Province/Country ZIP/Postal Code San Jose California Middle Name Gaulding John Relationship: Executive Officer Image: Director Promoter Clarification of Response (if Necessary) City State/Province/Country ZIP/Postal Code San Jose California Robert Jin Street Address 1 Street Address 2 Site 210 City State/Province/Country ZIP/Postal Code San Jose California Robert Jin State/Province/Country ZIP/Postal Code San Jose California State/Province/Country ZIP/Postal Code San Jose California California State/Province/Country ZIP/Postal Code San Jose California California California State/Province/Country Site 210 City					
Cooper Martin Street Address 1 Street Address 2 3500 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Calification of Response (if Necessary) Image: Calification of Response (if Necessary) Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: California Street Address 2 Last Name First Name Middle Name Street Address 2 Street Address 1 Street Address 2 Street Address 2 Street Address 2 Stop North First Street Suite 210 Street Address 2 Street Address 2 Stop North First Street <td></td> <td></td> <td></td> <td></td> <td></td>					
Street Address 1 Street Address 2 3500 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 1 Street Address 2 3590 North First Street San Jose California Relationship: Executive Officer John Relationship: Last Name First Name Middle Name Gaulding John Relationship: Last Name First Street Suite 210 City Street Address 1 Street Address 2 Son Jose Califleation of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 Spon North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose City State/Province/Country ZIP/Postal Code San Jose City State/Province/Country ZIP/Postal Code </td <td></td> <td>Middle Name</td> <td></td> <td>First Name</td> <td>t Name</td>		Middle Name		First Name	t Name
3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA Relationship: Executive Officer Clarification of Response (if Necessary) City Street Officer Last Name First Name Middle Name Griffin Robert Stite 210 Clarification of Response (if Necessary) Clarification of Response (if Necessary) <td< td=""><td></td><td></td><td></td><td>Martin</td><td>oper</td></td<>				Martin	oper
City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA Promoter Clarification of Response (if Necessary) Last Name First Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 Suite 210 City State/Province/Country ZIP/Postal Code San Jose First Name First Name Middle Name Clarification of Response (if Necessary) Last Name First Name Kiteet Address 1 Street Address 2 Suite 210 City State/Province/Country Last Name First Name Kiteet Address 1 Street Address 2 Street Address 1 Street Address 2 Suite 210 City State/Province/Country Clarification of Response (if Necessary) Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 2 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 2 Street Address 1 Street Address 2 Street Address 3 Street Address 2 Street Address 4 Street Address 4 Street Address 4 Street Address 4 Street Address 5 Street Address 5 Street Address 6 Street Address 7 Street Ad			Street Address 2		et Address 1
San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Street Address 2 Street Address 2 Image: Street Address 1 Street Address 2 Street Address 2 Image: Street Address 1 Street Address 2 Street Address 2 Image: Street Address 1 Street Address 2 Street Address 2 Image: Street Address 2 Street Address 2 Street Address 2 Image: Street Address 1 Street Address 2 Street Address 2 Image: Street Address 1 Street Address 2 Street Address 2 Image: Street Address 1 Executive Officer Image: Director Image: California Intervention of Response (if Necessary) Image: Director Promoter Clarification of Response (if Necessary) Image: Director Image: Director Image: Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 Image: Street Address 2 Image: Street Address 2 Image: Street Address 1 Street Address 2 Image: Street Address 2 Image: Street Address 2 Image: Street Address 1 Street Address 2 Image: Street Address 2 Image: Street Address 2 Image: Street Address 1 Street Address 2 Im			Suite 210		90 North First Street
Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Street Address 2 Image: Street Address 2 Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		ZIP/Postal Code	Country	State/Province/	7
Clarification of Response (if Necessary) Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		95134	IA	CALIFORNI	n Jose
Clarification of Response (if Necessary) Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134					
Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Province/Country J. Last Name First Name Middle Name [Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		Promoter	Director	Executive Officer	lationship:
Last Name First Name Middle Name Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Province/Country J. Last Name First Name Middle Name [Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		N	<u> </u>	ecessarv)	rification of Response (if N
Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134					
Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Promoter Street Address 1 Street Address 2 Last Name First Name Middle Name J. Criffin Robert J. Street Address 1 Street Address 2 Street Address 2 3590 North First Street Suite 210 Street 20 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134					
Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134	—				
Gaulding John R. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Promoter Street Address 1 Street Address 2 Last Name First Name Middle Name J. Criffin Robert J. Street Address 1 Street Address 2 Street Address 2 3590 North First Street Suite 210 Street 20 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		Middle Name		First Name	t Name
Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 1 Street Address 2 Street Address 3 Street Address 4 Street				1	
3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Promoter Promoter Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134			Street Address ?		
City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134 Relationship: Executive Officer Director Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert Street Address 1 Street Address 2 3590 North First Street State/Province/Country ZIP/Postal Code San Jose CALIFORNIA			1]	
San Jose CALIFORNIA Relationship: Executive Officer Clarification of Response (if Necessary) Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA		71D/Destal Code		State/Drawings/	
Relationship: Executive Officer Director Promoter Clarification of Response (if Necessary) Image: Clarification of Response (if Necessary) Image: Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134			*		
Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		73134		CALIFORNI	
Clarification of Response (if Necessary) Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		Promoter	Director	Executive Officer	lationship:
Last Name First Name Middle Name Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		P	Report.		
Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134				ecessary)	rification of Response (if N
Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134					
Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134	_				
Griffin Robert J. Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		8.4° I H. 81		10° (11)	/ N T
Street Address 1 Street Address 2 3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134					
3590 North First Street Suite 210 City State/Province/Country ZIP/Postal Code San Jose CALIFORNIA 95134		J.		Robert	
City State/Province/Country ZIP/Postal Code San Jose 95134	_		1	[]	
San Jose 95134					
		1	-		
Relationship: Image: Executive Officer Image: Director Image: Promoter		95134	IA	CALIFORNL	n Jose
Relationship: Executive Officer Image: Director Promoter					
		Promoter	Director	Executive Officer	lationship:
Clarification of Response (if Necessary)				ecessary)	rification of Response (if N
Last Name First Name Middle Name					
Jackson Rex S.		Middle Name		First Name	t Name
Street Address 1 Street Address 2		1			
3590 North First Street Suite 210		1	Street Address 2		ckson
City State/Province/Country ZIP/Postal Code		1]		eet Address 1

San Jose	CALIFORNIA			95134	95134				
Relationship:	Executi	ve Officer		Director			Promoter		
Clarification of Response (if Necessary)									
1 <u></u>									

4. Industry Group

C Agriculture

Banking & Financial Services

- C Commercial Banking
- C Insurance
- **C** Investing
- C Investment Banking
- C Pooled Investment Fund

Other Banking & Financial

C Business Services

Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

Health Care

- C BiotechnologyC Health Insurance
- C Hospitals & Physicians
- C Pharmaceuticals
- C Other Health Care
- C Manufacturing Real Estate

C Commercial

- C Construction
- **C** REITS & Finance
- C Residential
- C Other Real Estate

^C Retailing

C Restaurants

Technology

- C Computers
- C Telecommunications
- Other Technology

Travel

- C Airlines & Airports
- C Lodging & Conventions
- O Tourism & Travel Services
- C Other Travel

C Other

Aggregate Net Asset Value Range

Not Applicable

5. Issuer Size

Not Applicable

Revenue Range

C

\mathbf{C}	No Revenues	C	No Aggregate Net Asset Value
C	\$1 - \$1,000,000	O	\$1 - \$5,000,000
o	\$1,000,001 - \$5,000,000	C	\$5,000,001 - \$25,000,000
\mathbf{C}	\$5,000,001 - \$25,000,000	С	\$25,000,001 - \$50,000,000
0	\$25,000,001 - \$100,000,000	C	\$50,000,001 - \$100,000,000
C	Over \$100,000,000	C	Over \$100,000,000
0	Decline to Disclose	С	Decline to Disclose

С

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505		
Rule 504 (b)(1)(i)	Rule 506(b)		
Rule 504 (b)(1)(ii)	Rule 506(c)		
Rule 504 (b)(1)(iii)	Securities Act Section 4	(a)(5)	
	Investment Company Act Section 3(c)		

7. Type of F	iling			
New Notice	Date of First Sale	2016-12-30	First Sale Yet to Occur	
Amendment				

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

C Yes C No

USD

9.	Type(s) of Securities	s C	Offered (select all that apply)
	Pooled Investment Fund Interests	•	Equity
П	Tenant-in-Common Securities	Г	Debt
	Mineral Property Securities	Γ	Option, Warrant or Other Right to Acquire Another Security
	Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		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? C Yes \circ No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor

12. Sales Compensation	
Recipient	Recipient CRD Number
(Associated) Broker or Dealer 🔲 None	(Associated) Broker or Dealer CRD 🔲 None
Street Address 1	Street Address 2
City State	/Province/Country ZIP/Postal Code
State(s) of Solicitation	All States

\$ 0

13. Offering and Sales Amounts

Total Offering Amount	\$ 4999999	USD	Indefinite
Total Amount Sold	\$ 4999999	USD	
Total Remaining to be Sold	\$	USD	Indefinite

Clarification of Response (if Necessary	Cla	rification	of Res	ponse (if	Necessary)
---	-----	------------	--------	-----------	-----------	---

Actual Total Offering Amount was \$4,999,998.72. Actual Total Amount Sold was \$4,999,998.72.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,

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 & Finders' 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)			

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:

Signature and Submission

- 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, 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 it 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 Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) 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
Energous Corp	/s/ Brian Sereda	Brian Sereda	Chief Financial Officer	2017-01-12