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

1. Issuer's Identity			
OIK (ET ID N I )	Previous		E 01 E
CIK (Filer ID Number)	Names	None	Entity Type
0001599298	Summit Thera	npeutics plc	X Corporation
Name of Issuer	Summit Corp	plc	Limited Partnership
Summit Therapeutics Inc.			Limited Liability Company
Jurisdiction of Incorporation	n/Organization		General Partnership
DELAWARE			Business Trust
Year of Incorporation/Organ	nization		Other (Specify)
Over Five Years Ago			Guidi (openity)
X Within Last Five Years	(Specify Year) 2020		
Yet to Be Formed			
2 Principal Place of Rusi	ness and Contact Information		
•	less and contact information	<u> </u>	
Name of Issuer			
Summit Therapeutics Inc.			
Street Address 1		Street Address 2	
601 Brickell Key Drive		SUITE 1000	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
Miami	FLORIDA	33131	305-203-2034
3. Related Persons			
Last Name	First Name		Middle Name
Duggan	Robert		
Street Address 1	Street Address 2		
601 Brickell Key Drive	Suite 1000		
City	State/Province/Co	ountry	ZIP/PostalCode
Miami	FLORIDA		33131
Relationship: X Executive	Officer X Director Promot	er	
—— Clarification of Response (if	f Necessary):		
Last Name	First Name		Middle Name
Zanganeh	Mahkam		Middle Hame
Street Address 1	Street Address 2		
601 Brickell Key Drive	Suite 1000		
City	State/Province/Co	ountry	ZIP/PostalCode
Miami	FLORIDA	· ···· · · ·	33131
_	Officer X Director Promoter		
		01	
Clarification of Response (if	Necessary):		
Last Name	First Name		Middle Name
Soni	Manmeet		
Street Address 1	Street Address 2		
601 Brickell Key Drive	Suite 1000		
City	State/Province/Co	ountry	ZIP/PostalCode
Miami	FLORIDA		33131
Relationship: X Executive	Officer X Director Promot	er	
Clarification of Response (if	Necessary):		
Last Name	First Name		Middle Name
Clark	Kenneth		mado namo
Street Address 1	Street Address 2		

601 Brickell Key Drive

**Suite 1000** 

City	State/Province/Country	ZIP/PostalCode 33131	
Miami	FLORIDA		
Relationship: Executive Officer	Director Promoter		
Clarification of Response (if Necessa	ry):		
Last Name	First Name	Middle Name	
Booth	Robert		
Street Address 1	Street Address 2		
601 Brickell Key Drive	Suite 1000	710/0 1 10 1	
City	State/Province/Country	ZIP/PostalCode	
Miami	FLORIDA	33131	
Relationship: Executive Officer			
Clarification of Response (if Necessa	ry):		
Last Name	First Name	Middle Name	
Cesano	Alessandra		
Street Address 1	Street Address 2		
601 Brickell Key Drive	Suite 1000		
City	State/Province/Country	ZIP/PostalCode	
Miami	FLORIDA	33131	
Relationship: Executive Officer	Director Promoter		
Clarification of Response (if Necessa	ry):		
Last Name	First Name	Middle Name	
Xia Street Address 1	Yu Street Address 2		
	Suite 1000		
601 Brickell Key Drive		ZID/DoctolCodo	
City Miami	State/Province/Country FLORIDA	ZIP/PostalCode 33131	
	_	33131	
Relationship: Executive Officer	Director Promoter		
Clarification of Response (if Necessa	ry):		
Last Name	First Name	Middle Name	
Ronaghi	Mostafa		
Street Address 1	Street Address 2		
601 Brickell Key Drive	Suite 1000		
City	State/Province/Country	ZIP/PostalCode	
Miami	FLORIDA	33131	
Relationship: Executive Officer	Director Promoter		
Clarification of Response (if Necessa	ry):		
Last Name	First Name	Middle Name	
Huber Street Address 1	Jeff Street Address 2		
Street Address 1	Street Address 2		
601 Brickell Key Drive	State/Province/Country	7ID/DoctalCodo	
City Miami	State/Province/Country FLORIDA	ZIP/PostalCode 33131	
Relationship: Executive Officer	_	55151	
Clarification of Response (if Necessa			
A Industry Group			
4. Industry Group	IIM O		
Agriculture	Health Care	Retailing	
Banking & Financial Services	X Biotechnology	Restaurants	
Commercial Banking	Health Insurance	Technology	
Insurance			
Investing	Hospitals & Physicians	Computers	
Investment Banking	Pharmaceuticals	Telecommunications	
Pooled Investment Fund	Other Health Care	Other Technology	
		<b>□</b>	
Is the issuer registered as an investment company unde	Manufacturing Page Fetate	Travel	
	Real Estate	Airlines & Airports	
	l l		

the Investment Company Act of 1940?	Commercial		Lodging & Conventions
Yes No	Construction		Tourism & Travel Services
Other Banking & Financial Services	REITS & Finar	nce	Other Travel
Business Services	Residential		Other
Energy		tata	
Coal Mining	Other Real Es	iale	
Electric Utilities			
Energy Conservation			
Environmental Services			
Oil & Gas			
Other Energy			
F. January Circ			
5. Issuer Size			
Revenue Range OR	Aggregate Net As		-
No Revenues	No Aggregate		ue .
\$1 - \$1,000,000 \$1,000,001 - \$5,000,000	\$1 - \$5,000,00		
\$5,000,001 -	\$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	0,000	
X Decline to Disclose	Decline to Disc	close	
Not Applicable	Not Applicable	;	
6. Federal Exemption(s) and Exclusion(s) Clai	imed (select all th	nat apply)	
	ca (oo.oo. a u	iat appiy	
	Investment	Company Act S	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(c)		Section 3(c)(11)
Rule 504 (b)(1)(iii)			, , ,
X Rule 506(b)	Section 3(c)		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. T			
7. Type of Filing			
X New Notice Date of First Sale 2024-09-11	First Sale Yet to	Occur	
Amendment			
8. Duration of Offering			
December 1997 1997 1997 1997			
Does the Issuer intend this offering to last more	than one year?	Yes X No	
9. Type(s) of Securities Offered (select all that	t apply)		
X Equity		Pooled In	vestment Fund Interests
Debt			Common Securities
Option, Warrant or Other Right to Acquire An	other Security		operty Securities
Security to be Acquired Upon Exercise of Op	tion, Warrant or	Other (des	
Other Right to Acquire Security			(3.123)
10. Business Combination Transaction			
Is this offering being made in connection with a k	ousiness combinat	ion transaction	. such as
a merger, acquisition or exchange offer?			Yes X No
Clarification of Response (if Necessary):			
11. Minimum Investment			
willing in 405thofft			

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	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$234,999,889 USD or Indefin	ite	
Total Amount Sold \$234,999,889 USD		
Total Remaining to be Sold \$0 USD or Indefin	ite	
Clarification of Response (if Necessary):		
14. Investors		
Select if securities in the offering have been or may be s		
investors, and enter the number of such non-accredited		
Regardless of whether securities in the offering have be accredited investors, enter the total number of investors		17
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and fil	nders fees expenses, if any. If the amount of an expendi	ture 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 required to be named as executive officers, directors or promestimate and check the box next to the amount.		
\$75,500,000 USD Est	timate	
Clarification of Response (if Necessary):		
\$75.5 million of the proceeds from the offering were used to repay Robert Duggan, its CEO and Executive Chairman	the outstanding principal balance on a promissory note issued	by the Company to
Signature and Submission		
Please verify the information you have entered and revie SUBMIT below to file this notice.	ew the Terms of Submission below before signing an	d clicking
Terms of Submission		
In submitting this notice, each issuer named above is:		
<ul> <li>Notifying the SEC and/or each State in which this not them, upon written request, in the accordance with a</li> </ul>	tice is filed of the offering of securities described and uncoplicable law, the information furnished to offerees.*	lertaking to furnish
the State in which the issuer maintains its principal pl service of process, and agreeing that these persons if further agreeing that such service may be made by re proceeding, or arbitration brought against the issuer if	EC and, the Securities Administrator or other legally destace of business and any State in which this notice is filed may accept service on its behalf, of any notice, process registered or certified mail, in any Federal or state action, in any place subject to the jurisdiction of the United State in connection with the offering of securities that is the su	d, as its agents for or pleading, and administrative es, if the action,

- 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

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

behalf by the undersigned duly authorized person.

Issuer	Signature	Name of Signer	Title	Date
Summit Therapeutics Inc.	Manmeet Soni		Chief Financial Officer	2024-09-25

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.

<sup>\*</sup> 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.