

<b>FORM D</b>
<b>Notice of Exempt Offering of Securities</b>

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

<b>OMB APPROVAL</b>
OMB Number: 3235-0076
Expires: June 30, 2012
Estimated Average burden hours per response: 4.0

### 1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input type="checkbox"/> None	Entity Type
<input type="text" value="0001285550"/>	<input type="text" value="SURGIVISION INC"/>	<input checked="" type="checkbox"/> Corporation
Name of Issuer	<input type="text" value="SURGI VISION INC"/>	<input type="checkbox"/> Limited Partnership
<input type="text" value="MRI INTERVENTIONS, INC."/>		<input type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="checkbox"/> General Partnership
<input type="text" value="DELAWARE"/>		<input type="checkbox"/> Business Trust
Year of Incorporation/Organization		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Over Five Years Ago		
<input type="checkbox"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="checkbox"/> Yet to Be Formed		

### 2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="MRI INTERVENTIONS, INC."/>			
Street Address 1		Street Address 2	
<input type="text" value="ONE COMMERCE SQUARE"/>		<input type="text" value="SUITE 2550"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="MEMPHIS"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>	<input type="text" value="9015229300"/>

### 3. Related Persons

Last Name	First Name	Middle Name	
<input type="text" value="Jenkins"/>	<input type="text" value="Kimble"/>	<input type="text" value="L."/>	
Street Address 1		Street Address 2	
<input type="text" value="One Commerce Square"/>		<input type="text" value="Suite 2550"/>	
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>	
Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter

Clarification of Response (if Necessary)

President, Chief Executive Officer and Chairman of the Board of Directors

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Last Name

Bottomley

First Name

Paul

Middle Name

A.

Street Address 1

One Commerce Square

Street Address 2

Suite 2550

City

Memphis

State/Province/Country

TENNESSEE

ZIP/Postal Code

38103

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Director

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Last Name

Koob

First Name

Charles

Middle Name

E.

Street Address 1

One Commerce Square

Street Address 2

Suite 2550

City

Memphis

State/Province/Country

TENNESSEE

ZIP/Postal Code

38103

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Director

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Last Name

Malernee, Jr.

First Name

James

Middle Name

K

Street Address 1

One Commerce Square

Street Address 2

Suite 2550

City

Memphis

State/Province/Country

TENNESSEE

ZIP/Postal Code

38103

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Director

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Last Name	First Name	Middle Name	
<input type="text" value="Pietrangelo"/>	<input type="text" value="Michael"/>	<input type="text" value="A."/>	
Street Address 1	Street Address 2		
<input type="text" value="One Commerce Square"/>	<input type="text" value="Suite 2550"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text" value="Director"/>			

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Last Name	First Name	Middle Name	
<input type="text" value="Spencer, Jr."/>	<input type="text" value="John"/>	<input type="text" value="N."/>	
Street Address 1	Street Address 2		
<input type="text" value="One Commerce Square"/>	<input type="text" value="Suite 2550"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text" value="Director"/>			

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Last Name	First Name	Middle Name	
<input type="text" value="Carlson"/>	<input type="text" value="David"/>	<input type="text" value="W."/>	
Street Address 1	Street Address 2		
<input type="text" value="One Commerce Square"/>	<input type="text" value="Suite 2550"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>	
Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
Clarification of Response (if Necessary)			
<input type="text" value="Chief Financial Officer"/>			

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Last Name	First Name	Middle Name
<input type="text" value="Piferi"/>	<input type="text" value="Peter"/>	<input type="text" value="G."/>
Street Address 1	Street Address 2	
<input type="text" value="5 Musik"/>	<input type="text"/>	

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Irvine"/>	<input type="text" value="CALIFORNIA"/>	<input type="text" value="92618"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

<input type="text" value="Chief Operating Officer"/>
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Last Name	First Name	Middle Name
<input type="text" value="Thomas, Jr."/>	<input type="text" value="Oscar"/>	<input type="text" value="L."/>

Street Address 1	Street Address 2
<input type="text" value="One Commerce Square"/>	<input type="text" value="Suite 2550"/>

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

<input type="text" value="Vice President, Business Affairs"/>
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Last Name	First Name	Middle Name
<input type="text" value="Rooke"/>	<input type="text" value="Andrew"/>	<input type="text" value="K."/>

Street Address 1	Street Address 2
<input type="text" value="One Commerce Square"/>	<input type="text" value="Suite 2550"/>

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

<input type="text" value="Director"/>
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Last Name	First Name	Middle Name
<input type="text" value="Conway"/>	<input type="text" value="Bruce"/>	<input type="text" value="C."/>

Street Address 1	Street Address 2
<input type="text" value="One Commerce Square"/>	<input type="text" value="Suite 2550"/>

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Memphis"/>	<input type="text" value="TENNESSEE"/>	<input type="text" value="38103"/>

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Director
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Last Name	First Name	Middle Name
Ryan	Michael	J.

Street Address 1	Street Address 2
One Commerce Square	Suite 2550

City	State/Province/Country	ZIP/Postal Code
Memphis	TENNESSEE	38103

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Director
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#### 4. Industry Group

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agriculture<br><input checked="" type="checkbox"/> <b>Banking &amp; Financial Services</b><br><input type="checkbox"/> Commercial Banking<br><input type="checkbox"/> Insurance<br><input type="checkbox"/> Investing<br><input type="checkbox"/> Investment Banking<br><input type="checkbox"/> Pooled Investment Fund<br><input type="checkbox"/> Other Banking & Financial Services | <input type="checkbox"/> <b>Health Care</b><br><input type="checkbox"/> Biotechnology<br><input type="checkbox"/> Health Insurance<br><input type="checkbox"/> Hospitals & Physicians<br><input type="checkbox"/> Pharmaceuticals<br><input checked="" type="checkbox"/> Other Health Care                     | <input type="checkbox"/> Retailing<br><input type="checkbox"/> Restaurants<br><input type="checkbox"/> <b>Technology</b><br><input type="checkbox"/> Computers<br><input type="checkbox"/> Telecommunications<br><input type="checkbox"/> Other Technology                |
| <input type="checkbox"/> <b>Business Services</b><br><input type="checkbox"/> <b>Energy</b><br><input type="checkbox"/> Coal Mining<br><input type="checkbox"/> Electric Utilities<br><input type="checkbox"/> Energy Conservation<br><input type="checkbox"/> Environmental Services<br><input type="checkbox"/> Oil & Gas<br><input type="checkbox"/> Other Energy  | <input type="checkbox"/> <b>Manufacturing</b><br><input type="checkbox"/> <b>Real Estate</b><br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Construction<br><input type="checkbox"/> REITS & Finance<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Other Real Estate | <input type="checkbox"/> <b>Travel</b><br><input type="checkbox"/> Airlines & Airports<br><input type="checkbox"/> Lodging & Conventions<br><input type="checkbox"/> Tourism & Travel Services<br><input type="checkbox"/> Other Travel<br><input type="checkbox"/> Other |

#### 5. Issuer Size

- |  |  |
|--|--|
| <b>Revenue Range</b><br><input type="checkbox"/> No Revenues<br><input type="checkbox"/> \$1 - \$1,000,000<br><input type="checkbox"/> \$1,000,001 - \$5,000,000 | <b>Aggregate Net Asset Value Range</b><br><input type="checkbox"/> No Aggregate Net Asset Value<br><input type="checkbox"/> \$1 - \$5,000,000<br><input type="checkbox"/> \$5,000,001 - \$25,000,000 |
|--|--|

- |   |   |
|---|---|
| <input type="checkbox"/> \$5,000,001 - \$25,000,000     | <input type="checkbox"/> \$25,000,001 - \$50,000,000  |
| <input type="checkbox"/> \$25,000,001 - \$100,000,000   | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> Over \$100,000,000             | <input type="checkbox"/> Over \$100,000,000           |
| <input checked="" type="checkbox"/> Decline to Disclose | <input type="checkbox"/> Decline to Disclose          |
| <input type="checkbox"/> Not Applicable                 | <input type="checkbox"/> Not Applicable               |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Rule 505                            |
| <input type="checkbox"/> Rule 504 (b)(1)(i)                      | <input checked="" type="checkbox"/> Rule 506                 |
| <input type="checkbox"/> Rule 504 (b)(1)(ii)                     | <input type="checkbox"/> Securities Act Section 4(6)         |
| <input type="checkbox"/> Rule 504 (b)(1)(iii)                    | <input type="checkbox"/> Investment Company Act Section 3(c) |

## 7. Type of Filing

- New Notice    Date of First Sale         First Sale Yet to Occur
- Amendment

## 8. Duration of Offering

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Pooled Investment Fund Interests   | <input type="checkbox"/> Equity  |
| <input type="checkbox"/> Tenant-in-Common Securities  | <input checked="" type="checkbox"/> Debt   |
| <input type="checkbox"/> Mineral Property Securities  | <input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security |
| <input checked="" type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> 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?     Yes     No

Clarification of Response (if Necessary)

## 11. Minimum Investment

Minimum investment accepted from any outside investor

\$  USD

## 12. Sales Compensation

Recipient

Recipient CRD Number

None

(Associated) Broker or Dealer  None

(Associated) Broker or Dealer CRD Number  None

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

State(s) of Solicitation  All States  Foreign/Non-US

## 13. Offering and Sales Amounts

Total Offering Amount \$  USD  Indefinite

Total Amount Sold \$  USD

Total Remaining to be Sold \$  USD  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, 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 \$  USD  Estimate

Finders' Fees \$  USD

Estimate

Clarification of Response (if Necessary)

The placement agent will receive a cash fee equal to 10% of the gross proceeds of this offering. In addition, the placement agent will receive a warrant to purchase shares of common stock.

## 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.

\$  USD

Estimate

Clarification of Response (if Necessary)

Proceeds to be used for general corporate purposes and working capital, including payment of salaries

## 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, 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 the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above 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
MRI		Oscar L. Thomas	Vice President	



<b>INTERVENTIONS, INC.</b>	<b>Oscar L. Thomas, Jr.</b>	<b>Oscar L. Thomas, Jr.</b>	<b>vice President, Business Affairs</b>	<b>2011-10-20</b>
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