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| FORM D |
| Notice of Exempt Offering of Securities |

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

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| OMB APPROVAL |
| 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) | | | |
| <input type="text" value="President, Chief Executive Officer and Chairman of the Board of Directors"/> | | | |

| | | |
|--|-----------------------------------|---------------------------------|
| Last Name | First Name | Middle Name |
| <input type="text" value="Bottomley"/> | <input type="text" value="Paul"/> | <input type="text" value="A."/> |
| Street Address 1 | | Street Address 2 |
| <input type="text"/> | | <input type="text"/> |

One Commerce Square Suite 2550

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

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Koob Charles E.

Street Address 1 Street Address 2
One Commerce Square Suite 2550

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

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Malerne, Jr. James K.

Street Address 1 Street Address 2
One Commerce Square Suite 2550

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

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Pietrangelo Michael A.

Street Address 1 Street Address 2
One Commerce Square Suite 2550

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

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Spencer, Jr. John N.

Street Address 1

Street Address 2

One Commerce Square

Suite 2550

City

State/Province/Country

ZIP/Postal Code

Memphis

TENNESSEE

38103

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Carlson

David

W.

Street Address 1

Street Address 2

One Commerce Square

Suite 2550

City

State/Province/Country

ZIP/Postal Code

Memphis

TENNESSEE

38103

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Chief Financial Officer

Last Name

First Name

Middle Name

Piferi

Peter

G.

Street Address 1

Street Address 2

5 Musik

City

State/Province/Country

ZIP/Postal Code

Irvine

CALIFORNIA

92618

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Chief Operating Officer

Last Name

First Name

Middle Name

Thomas, Jr.

Oscar

L.

Street Address 1

Street Address 2

One Commerce Square

Suite 2550

City

State/Province/Country

ZIP/Postal Code

Memphis

TENNESSEE

38103

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Vice President, Business Affairs and Secretary

Last Name

First Name

Middle Name

Rooke | **Andrew** | **K.**

Street Address 1

Street Address 2

One Commerce Square

Suite 2550

City

State/Province/Country

ZIP/Postal Code

Memphis

TENNESSEE

38103

Relationship: Executive Officer **Director** Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Conway

Bruce

C.

Street Address 1

Street Address 2

One Commerce Square

Suite 2550

City

State/Province/Country

ZIP/Postal Code

Memphis

TENNESSEE

38103

Relationship: Executive Officer **Director** Promoter

Clarification of Response (if Necessary)

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: Executive Officer **Director** Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Barbre

Carol

J.

Street Address 1

Street Address 2

One Commerce Square

Suite 2550

City

State/Province/Country

ZIP/Postal Code

Memphis

TENNESSEE

38103

Relationship: Executive Officer **Director** Promoter

Clarification of Response (if Necessary)

Vice President, Product Management

| | | | |
|--|---|-----------------------------------|-----------------------------------|
| Last Name | First Name | Middle Name | |
| Korn | Robert | C. | |
| Street Address 1 | | Street Address 2 | |
| One Commerce Square | | Suite 2550 | |
| City | State/Province/Country | ZIP/Postal Code | |
| Memphis | TENNESSEE | 38103 | |
| Relationship: | <input checked="" type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> Promoter |
| Clarification of Response (if Necessary) | | | |
| Vice President, Global Sales and Marketing | | | |

4. Industry Group

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

5. Issuer Size

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

Rule 504 (b)(1)(iii)

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)

- Pooled Investment Fund Interests Equity
- Tenant-in-Common Securities Debt
- Mineral Property Securities 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)

Units consisting of 1 share of common stock and warrant for 1/2 share of common stock.

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

Recipient None
First Analysis Securities Corporation **10046**

(Associated) Broker or Dealer None (Associated) Broker or Dealer None
CRD Number

Street Address 1 **One South Wacker Drive** Street Address 2 **Suite 3900**

City **Chicago** State/Province/Country **ILLINOIS** ZIP/Postal Code **60606**

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

Recipient None
Brookline Group, LLC **153587**

(Associated) Broker or Dealer None (Associated) Broker or Dealer None
CRD Number

Street Address 1 **2501 20th Place South** Street Address 2 **Suite 275**

City **Birmingham** State/Province/Country **ALABAMA** ZIP/Postal Code **35223**

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

Recipient None
Aaron Capital **28583**

(Associated) Broker or Dealer None (Associated) Broker or Dealer None
CRD Number

Street Address 1 **5180 Park** Street Address 2 **Suite 130**

City **Memphis** State/Province/Country **TENNESSEE** ZIP/Postal Code **38119**

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

Recipient None
Gilford Securities **8076**

(Associated) Broker or Dealer None (Associated) Broker or Dealer None
CRD Number

Street Address 1 **777 Third Avenue** Street Address 2 **17th Floor**

City **New York** State/Province/Country **NEW YORK** ZIP/Postal Code **10017**

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)

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)

The proceeds of the offering are being used for working capital purposes, 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 INTERVENTIONS, INC. | /s/ Oscar L. Thomas, Jr. | Oscar L. Thomas, Jr. | Vice President, Business Affairs and Secretary | 2013-02-07 |