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

1. Issuer's Identity

CIK (Filer ID Nu	mber) Previous X Names X	X None	Entity Type
0001840233			X Corporation
Name of Issue	er		Limited Partnership
Xilio Therapeutics, Inc.			Limited Liability Company
Jurisdiction (of		General Partnership
Incorporation/Orga	nization		Business Trust
DELAWARE			Other (Specify)
Year of Incorpora	ation/Organization		
Over Five Years Ago			
X Within Last Five Years ((Specify Year) 2020		
Yet to Be Formed			
2. Principal Place of Busine	ss and Contact Information		
Name	of Issuer		
Xilio Therapeutics, Inc.			
Street	Address 1	Stree	t Address 2
828 WINTER STREET			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
WALTHAM	MASSACHUSETTS	02451	617-833-1027
3. Related Persons			
Last Name	First]	Name	Middle Name
Russo	Rene		
Street Address 1	l Street A	ddress 2	
828 Winter Street			
City	State/Provin	-	ZIP/PostalCode
Waltham	MASSACHUSETT	TS 02451	
Relationship: X Executive	Officer X Director Promote	r	
Clarification of Response (i	f Necessary):		
Last Name	First 1	Name	Middle Name
Clackson	Timothy		
Street Address 1	Street A	ddress 2	
828 Winter Street			
City	State/Provin	nce/Country	ZIP/PostalCode
Waltham	MASSACHUSETT	TS 02451	
Delationship, V Executive	Officar Director Dromotor		

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Clancy Street Address 1	Paul Street Address 2	
828 Winter Street	Street Audress 2	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer <i>Y</i>	K Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Curran	Daniel	
Street Address 1	Street Address 2	
828 Winter Street City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer <i>S</i>		
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Gardner	David	
Street Address 1	Street Address 2	
828 Winter Street		
City Waltham	State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02451
Relationship: Executive Officer <i>X</i>		02431
Clarification of Response (if Necessa		
Last Name	First Name	Middle Name
Grayzel	David	
Street Address 1 828 Winter Street	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer <i>S</i>	K Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Hack	Andrew	
Street Address 1 828 Winter Street	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer <i>Y</i>	K Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Humphrey	Rachel	
Street Address 1 828 Winter Street	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Lynch	Daniel	
Street Address 1	Street Address 2	
828 Winter Street		
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer 2	X Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Ross	Michael	
Street Address 1	Street Address 2	
828 Winter Street		
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: Executive Officer 2	C Director Promoter	
Clarification of Response (if Necessa	ary):	
Last Name	First Name	Middle Name
Farmer	Joseph	
Street Address 1	Street Address 2	
828 Winter Street		
City	State/Province/Country	ZIP/PostalCode
Waltham	MASSACHUSETTS	02451
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necessa	ary):	
4. Industry Group		
Agriculture	Health Care	Retailing
Banking & Financial Services	X Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing		*
Investment Banking	Pharmaceuticals	Telecommunications
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as	Manufacturing	Travel

Real Estate

Commercial

Construction

Residential

REITS & Finance

Other Real Estate

Airlines & Airports

Other Travel

Other

Lodging & Conventions

Tourism & Travel Services

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

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$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 \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

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

	Investment Company Act 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)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(4)	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. Type of Filing

- X New Notice Date of First Sale 2021-02-23 First Sale Yet to Occur Amendment
- 8. Duration of Offering

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

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

X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
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? Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient		Recipient CRD Number X None		
(Associated) Broker or Dealer X None		(Associated) Broker or Dealer CRD X None X None		е
Street Address 1		Street Address 2	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	All States	Foreign/non-US		
13. Offering and Sales Amounts				
Total Offering Amount \$94,999,989 USI	D or Ind	efinite		
Total Amount Sold \$94,999,989 US	D			
Total Remaining to be Sold \$0 US	D or Ind	efinite		
Clarification of Response (if Necessary):				
14. Investors				
0	0	be sold to persons who do not qualify as acc ed investors who already have invested in th		
	0	been or may be sold to persons who do not ors who already have invested in the offerin		17

15. 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 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):

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 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 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
Xilio Therapeutics, Inc.	/s/ Joseph Farmer	Joseph Farmer	Chief Operating Officer	2021-02-26

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 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.