FORM D

Notice of Exempt Offering of Securities

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

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)	None None	Entity Type
0001549084	PN Med Group Inc	2	Corporation
Name of Issuer			Limited Partnership
EKSO BIONICS HOLDINGS, INC.			Limited Liability Company
Jurisdiction of			General Partnership
Incorporation/Organization			Business Trust
NEVADA			Other
Year of Incorporation/Organization	tion		
Over Five Years Ago			
✓ Within Last Five Years(Specify Year)	2012		

I Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer				
EKSO BIONICS HOLDINGS	, INC.			
Street Address 1		Street	Address 2	
1414 HARBOUR WAY SOUT	H	SUI	TE 1201	
City	State/Province/Country		ZIP/Postal Code	Phone No. of Issuer
RICHMOND	CALIFORNIA		94804	510-984-1761

3. Related Persons

Last Name		First Name			Middle	Name	
Harding		Nathan]		
Street Address 1				Street Address 2	-		
c/o Ekso Bionics Hold	ings, Inc.]	1414 Harbour	Way Sout	h, Suite 1201	
City		State/Province	/Coun	ıtry	ZIP/Pos	stal Code	
Richmond		CALIFORN	IA		94804		
Relationship:	Execut	ive Officer	V	Director		Promoter	
Clarification of Response	(if Necessary	r)					
Chief Executive Officer a	and Presiden	t					
Last Name		First Name			Middle	Name	
Scheder-Bieschin Max]			
Street Address 1			1	Street Address 2			1

c/o Ekso Bionics Hold	lings, Inc.		1414 Harbour	Way South, Suite 1201	
City		State/Province	/Country	ZIP/Postal Code	
Richmond		CALIFORN	IA	94804	
Relationship:	Execut	ive Officer	Director	Promoter	
Clarification of Response	e (if Necessary	7)			
Chief Financial Officer,	Treasurer ar	nd Secretary			
Last Name		First Name		Middle Name	
Moreman		Frank			
Street Address 1			Street Address 2		
c/o Ekso Bionics Hold	lings, Inc.		1414 Harbour	Way South, Suite 1201	
City		State/Province	/Country	ZIP/Postal Code	
Richmond		CALIFORN	IA	94804	
Relationship:	Execut	ive Officer	Director	Promoter	
Clarification of Response	e (if Necessary	7)			
Chief Operating Officer	•				
					,
Last Name		First Name		Middle Name	
Angold		Russ			
Street Address 1			Street Address 2		
c/o Ekso Bionics Hold	lings, Inc.		1414 Harbour	Way South, Suite 1201	
City			Country	ZIP/Postal Code	
		State/Province	/Country		
Richmond		State/Province		94804	
	Execut				
Richmond		CALIFORN	IA	94804	
Relationship:	e (if Necessary	CALIFORN	IA	94804	
Richmond Relationship: Clarification of Response	e (if Necessary	CALIFORN	IA	94804	
Richmond Relationship: Clarification of Response	e (if Necessary	CALIFORN	IA	94804	
Richmond Relationship: Clarification of Response	e (if Necessary	CALIFORN	IA	94804	
Richmond Relationship: Clarification of Response Chief Technology Office	e (if Necessary	v)	IA	94804 Promoter	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name	e (if Necessary	CALIFORN ive Officer	IA	Middle Name	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren	e (if Necessary er	CALIFORN ive Officer	IA Director	Middle Name	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1	e (if Necessary er	CALIFORN ive Officer	IA Director Street Address 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Middle Name	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold	e (if Necessary er	CALIFORN ive Officer () First Name Daniel	IA Director Street Address 2 I 1414 Harbour /Country	94804 Promoter Middle Name Way South, Suite 1201	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold City	e (if Necessary er	CALIFORN ive Officer 7) First Name Daniel State/Province	IA Director Street Address 2 I 1414 Harbour /Country	Middle Name Way South, Suite 1201 ZIP/Postal Code	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold City	e (if Necessary er lings, Inc.	CALIFORN ive Officer 7) First Name Daniel State/Province	IA Director Street Address 2 I 1414 Harbour /Country	Middle Name Way South, Suite 1201 ZIP/Postal Code	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold City Richmond	e (if Necessary er lings, Inc. Execut	CALIFORN ive Officer 7) First Name Daniel State/Province CALIFORN	IA Director Street Address 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	94804 Promoter Middle Name Middle Name ZIP/Postal Code 94804	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold City Richmond Relationship:	e (if Necessary er lings, Inc. Execut	CALIFORN ive Officer 7) First Name Daniel State/Province CALIFORN	IA Director Street Address 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	94804 Promoter Middle Name Middle Name ZIP/Postal Code 94804	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold City Richmond Relationship:	e (if Necessary er lings, Inc. Execut	CALIFORN ive Officer 7) First Name Daniel State/Province CALIFORN	IA Director Street Address 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	94804 Promoter Middle Name Middle Name ZIP/Postal Code 94804	
Richmond Relationship: Clarification of Response Chief Technology Office Last Name Boren Street Address 1 c/o Ekso Bionics Hold City Richmond Relationship:	e (if Necessary er lings, Inc. Execut	CALIFORN ive Officer 7) First Name Daniel State/Province CALIFORN	IA Director Street Address 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	94804 Promoter Middle Name Middle Name ZIP/Postal Code 94804	

Hamilton

Marilyn

Street Address 1		Street Address	2	
c/o Ekso Bionics Holdings, Inc.		1414 Harbour	· Way South, Suite 1201	
ty	State/Province/	Country	ZIP/Postal Code	
Richmond	CALIFORNI	A	94804	
Relationship:	utive Officer	Director	Promoter	
larification of Response (if Necessa	8487)		I	
anneation of Response (in Recessa	1 y)			
ast Name	First Name		Middle Name	
Peurach	Jack			
treet Address 1	Jack	Street Address		
]			
c/o Ekso Bionics Holdings, Inc.		<u> </u>	Way South, Suite 1201	
City	State/Province/	Country	ZIP/Postal Code	
Richmond	CALIFORNI	A	94804	
			10	
Relationship:	utive Officer	Director	Promoter	
larification of Response (if Necessa	3+57)			
nameaton of Response (if Recessa	19)			
treet Address 1 c/o Ekso Bionics Holdings, Inc. ity Richmond	State/Province/	Country	2 • Way South, Suite 1201 ZIP/Postal Code 94804	
Relationship:	utive Officer	Director	Promoter	
1			I	
larification of Response (if Necessa	ry)			
I. Industry Group				
Agriculture	Health Ca	re	Deteiline	
Banking & Financial Services	Biotecl		Retailing	
Commercial Banking	🔲 Health	Insurance	Restaurants	
	🔲 Hospit	als & Physicians	Technology	
	🗌 Pharm	aceuticals	Computers	
Investment Banking	Other	Health Care	Computers	
Pooled Investment Fund			Telecommunication Other Technology	15
			☑ Other Technology	
Other Banking & Financial Services			Travel	
	🔲 Manufactu	iring	Airlines & Airport	s

Business Services

- Energy 🔲 Coal Mining

Real Estate

Commercial

Construction

- Airlines & Airports
- Lodging & Conventions
- Description Travel Services
- Other Treased

- Electric Utilities
- Energy Conservation
- Environmental Services
- 🔲 Oil & Gas
- Other Energy
- REITS & Finance
- Residential
- Other Real Estate
- 🔲 Other Fraver
- Other

5. I	5. Issuer Size					
Reve	Revenue Range		nte 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			
\checkmark	Decline to Disclose		Decline to Disclose			
	Not Applicable		Not Applicable			

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
Rule 504 (b)(1)(ii)	Securities Act Section 4(6)
Rule 504 (b)(1)(iii)	Investment Company Act Section 3(c)

7.	Type of Fi	ling		
¥	New Notice	Date of First Sale	2014-01-15	First Sale Yet to Occur
	Amendment			

8. Duration of Offering Does the Issuer intend this offering to last more than one year?

🔲 Yes 🗹 No



10. Business Combination Transaction

Is this offering being made in connection with a business combination \Box Yes \bowtie No transaction, such as a merger, acquisition or exchange offer?

Clarification of Response (if Necessary)

11. Minimum Investment		
Minimum investment accepted from any outside investor	\$ 0	USD
12. Sales Compensation		

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

13. Offering and Sales Amounts

Total Offering Amount	\$ 2300000	USD	🔲 Indefinite
Total Amount Sold	\$ 2300000	USD	
Total Remaining to be Sold	\$	USD	🔲 Indefinite

Clarification of Response (if Necessary)

Options to purchase an aggregate of 2,300,000 shares of common stock of Ekso Bionics Holdings, Inc. (the "Company") with an exercise price of \$1.00 per share were granted to the officers and directors of the Company on January 15, 2014.

14. Investors

le.

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:

		- II.
		II

8

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	7)			

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.
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, 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
EKSO BIONICS HOLDINGS, INC.	/s/ Nathan Harding	Nathan Harding	Chief Executive Officer and President	2014-01-30