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 Number)

Previous
Names

None

Entity Type

0001094038 GENEMAX CORP X Corporation

Name of Issuer EDUVERSE COM Limited Partnership

TAPIMMUNE INC Limited Liability Company

Jurisdiction of General Partnership
Incorporation/Organization

Rusiness Trust

NEVADA Business Trust
Other (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

TAPIMMUNE INC

Street Address 1 Street Address 2

50 N LAURA STREET SUITE 2500

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

JACKSONVILLE FLORIDA 98102 (206) 504-7278

3. Related Persons

Last Name First Name Middle Name

Wilson Glynn

Street Address 1 Street Address 2

50 N. Laura Street Suite 2500

City State/Province/Country ZIP/PostalCode

Jacksonville FLORIDA 32202

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Chief Executive Officer and Director

Last Name First Name Middle Name

Silverman Joshua

Street Address 1 Street Address 2

50 N. Laura Street Suite 2500

City State/Province/Country ZIP/PostalCode

Jacksonville FLORIDA 32202

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Laskow-Pooley

David

32202

32202

Street Address 1

Street Address 2

50 N. Laura Street

Suite 2500

City

State/Province/Country

ZIP/PostalCode

Jacksonville

FLORIDA

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Reddish

Mark

Street Address 1

Street Address 2

50 N. Laura Street

Suite 2500

City

State/Province/Country

ZIP/PostalCode

Jacksonville **FLORIDA**

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Grisewood

Sherry

Street Address 1

Street Address 2

50 N. Laura Street

Suite 2500

City

State/Province/Country

Jacksonville

FLORIDA

32202

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Wasserman

Frederick

Street Address 1

Street Address 2

50 N. Laura Street

Suite 2500

City

State/Province/Country

ZIP/PostalCode

ZIP/PostalCode

Jacksonville

FLORIDA

32202

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Loiacono

Michael

Street Address 1

Street Address 2

50 N. Laura Street

State/Province/Country

City

Suite 2500

ZIP/PostalCode

Jacksonville

FLORIDA

32202

Relationship: X Executive Officer Director Promoter

J.

Clarification of Response (if Necessary):

Chief Financial Officer

4. Industry Group

Agriculture Health Care Retailing

Banking & Financial Services X Biotechnology Commercial Banking Restaurants Health Insurance Insurance Technology Hospitals & Physicians **Investing** Computers Pharmaceuticals **Investment Banking** Telecommunications Pooled Investment Fund Other Health Care Other Technology Is the issuer registered as Manufacturing an investment company under Travel Real Estate the Investment Company Airlines & Airports Commercial Act of 1940? Lodging & Conventions Construction Yes No Tourism & Travel Services **REITS & Finance** Other Banking & Financial Services Other Travel **Business Services** Residential Energy Other Other Real Estate Coal Mining **Electric Utilities Energy Conservation**

5. Issuer Size

Oil & Gas

Other Energy

Environmental Services

Revenue Range	OR	Aggregate Net Asset Value Range
X 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
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) Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)	
Rule 505 X Rule 506(b) Rule 506(c)	Section 3(c)(4)	Section 3(c)(12)	
	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 2017-06-26 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)

Debt

X Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or

Other Right to Acquire Security

Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities

Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as Yes X No

a merger, acquisition or exchange offer?

Clarification of Response (if Necessary):

11. Minimum Investment

X Equity

Minimum investment accepted from any outside investor \$7,000 USD

12. Sales Compensation

Recipient CRD Number None Recipient

112494 Katalyst Securities LLC

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

None None

> **Street Address 1 Street Address 2**

630 Third Avenue

ZIP/Postal Code City State/Province/Country

NEW YORK 10017 New York

State(s) of Solicitation (select all that apply) All States Foreign/non-US Check "All States" or check individual States

CALIFORNIA

COLORADO

CONNECTICUT

FLORIDA

ILLINOIS

INDIANA MARYLAND

MASSACHUSETTS

NEVADA

NEW JERSEY

NEW YORK

NORTH CAROLINA

4250 Veterans Memorial Hwy

RHODE ISLAND

TEXAS

WASHINGTON

Recipient CRD Number None Recipient

American Portfolios Financial Services, Inc. 18487

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

None None

Street Address 2 Street Address 1

Suite 420E City State/Province/Country ZIP/Postal Code

Holbrook **NEW YORK** 11741

State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US
CALIFORNIA		
COLORADO		
CONNECTICUT		
FLORIDA		
ILLINOIS		
IOWA		
KENTUCKY		
MARYLAND		
MICHIGAN		
MINNESOTA		
NEVADA		
NEW JERSEY		
NEW MEXICO		
NEW YORK		
SOUTH CAROLINA		
TEXAS		

13. Offering and Sales Amounts

Total Offering Amount \$6,190,002 USD or Indefinite

Total Amount Sold \$6,190,002 USD

\$0 USD or Indefinite Total Remaining to be Sold

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, and enter the 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:

187

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 \$618,965 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.

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 Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) 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
TAPIMMUNE INC	/s/ Glynn Wilson, Ph.D.	Glynn Wilson, Ph.D.	Chief Executive Officer and Director	2017-06-29

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.