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.

Ur	I	es AND EXCHANG Igton, D.C. 20549 FORM D pt Offering of Secur		OMB APPROVAL OMB Number: 3235-007 Estimated average burden hours per response: 4.0
1. Issuer's Identity				
CIK (Filer ID Number)	Previous Names	None	Entity Type	
0001106838	Chanticleer Ho	oldings. Inc.	X Corporation	
Name of Issuer	TULVINE SY		Limited Partnersl	ain
Sonnet BioTherapeutics Holdings, Inc	INC			
Jurisdiction of Incorporation/Organ	T 1 ' C /	ns Inc	Limited Liability C	Company
DELAWARE			General Partners	ship
Year of Incorporation/Organization	I		Business Trust	
X Over Five Years Ago			Other (Specify)	
Within Last Five Years (Specify	Year)			
Yet to Be Formed				
2. Principal Place of Business an	d Contact Information			
Name of Issuer				
Sonnet BioTherapeutics Holdings, Inc				
Street Address 1		Street Address 2		
100 OVERLOOK CETNER		SUITE 102		
City	State/Province/Country	ZIP/PostalCode	Phone Number of	Issuer
PRINCETON	NEW JERSEY	08540	609-375-2227	
3. Related Persons				
Last Name	First Name		Middle Name	
Mohan	Pankaj			
Street Address 1	Street Address 2			
100 Overlook Center	Suite 102			
City	State/Province/Cou	untry	ZIP/PostalCode	
Princeton	NEW JERSEY		08540	
Relationship: X Executive Officer				
Clarification of Response (if Neces	sary):			
Last Name	First Name		Middle Name	
Cross Street Address 1	Jay Streat Address 2			
Street Address 1 100 Overlook Center	Street Address 2 Suite 102			
City	State/Province/Cou	intr/	ZIP/PostalCode	
Princeton	NEW JERSEY	and y	08540	
Relationship: X Executive Officer			00010	
Clarification of Response (if Neces				
Last Name	First Name		Middle Name	
Cini Street Address 1	John Street Address 2		К.	
Street Address 1 100 Overlook Center	Street Address 2 Suite 102			
City	State/Province/Cou	untry.	ZIP/PostalCode	
Princeton	NEW JERSEY	and y	08540	

Clarification of Response (if Necessary):

P		
Last Name	First Name	Middle Name
Dexter	Susan	
Street Address 1	Street Address 2	
100 Overlook Center	Suite 102	
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08540
Relationship: X Executive Officer Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Kenny	Richard	
Street Address 1	Street Address 2	
100 Overlook Center	Suite 102	
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08540
Relationship: X Executive Officer Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Bhatt	Nailesh	
Street Address 1	Street Address 2	
100 Overlook Center	Suite 102	
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08540
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Dyrness	Albert	
Street Address 1	Street Address 2	
100 Overlook Center	Suite 102	
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08540
Relationship: Executive Officer X Director	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Griffith	Donald	
Street Address 1	Street Address 2	
100 Overlook Center	Suite 102	
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08540
	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
Rao Street Address 1	Raghu Street Address 2	
100 Overlook Center	Street Address 2 Suite 102	
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08540
	Promoter	
Clarification of Response (if Necessary):		
Last Name	First Name	Middle Name
McNeil	Lori	
Street Address 1	Street Address 2	
100 Overlook Center	Suite 102	
City	State/Province/Country	ZIP/PostalCode

Princeton

08540

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

4.	Industry	Group

Agriculture Banking & Financial Services Commercial Banking	Health Care X Biotechnology Health Insurance Hospitals & Physicians	☐ Retailing ☐ Restaurants Technology ☐ Computers
Investing	Pharmaceuticals Other Health Care	Telecommunications Other Technology
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	Manufacturing Real Estate Commercial Construction REITS & Finance Residential	Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel
Electric Utilities		

5. Issuer Size

Other Energy

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)
	Section 3(c)(1)	Section 3(c)(9)
Rule 504(b)(1) (not (i), (ii) or (iii)) 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)	Section 3(c)(4)	Section 3(c)(12)
X Rule 506(b)	Section 3(c)(5)	Section 3(c)(13)
Rule 506(c)		
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 2024-12-10 First Sale Yet to Occu	r	
8. Duration of Offering		
<u></u>	_	
	sXNo	
9. Type(s) of Securities Offered (select all that apply)		
X Equity Debt X Option, Warrant or Other Right to Acquire Another Security	Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities	
\fbox{X} Security to be Acquired Upon Exercise of Option, Warrant or Other F Acquire Security	Right to Other (describe)	
10. Business Combination Transaction		
Is this offering being made in connection with a business combination t or exchange offer?	ransaction, such as a merger, acquisition \Box 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 None	
Chardan Capital Markets, LLC	000120128	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
None	None	
Street Address 1	Street Address 2	
One Pennsylvania Plaza	Suite 4800	
City	State/Province/Country	ZIP/Postal Code
NEW YORK	NEW YORK	10119
State(s) of Solicitation (select all that apply) Check "All States" or check individual States \mathbf{X} All States	Foreign/non-US	
13. Offering and Sales Amounts		
Total Offering Amount \$3,918,000 USD or Indefinite		
Total Amount Sold \$3,918,000 USD		
Total Remaining to be Sold \$0 USD or Indefinite		
Clarification of Response (if Necessary):		
14. Investors		
Select if securities in the offering have been or may be sold to person such non-accredited investors who already have invested in the offer Regardless of whether securities in the offering have been or may be total number of investors who already have invested in the offering:	ering. be sold to persons who do not qualify as accredited investors, enter	
15. Sales Commissions & Finder's Fees Expenses		
Provide separately the amounts of sales commissions and finders fees check the box next to the amount.	expenses, if any. If the amount of an expenditure is not known, pro	vide an estimate and
Sales Commissions \$378,686 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 X Estimate

Clarification of Response (if Necessary):

The Company intends to use the net proceeds for research and development, including clinical trials, working capital and general corporate purposes.

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
Sonnet BioTherapeutics Holdings, Inc.	/s/ Jay Cross	Jay Cross	Chief Financial Officer	2024-12-23

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.