

COMMODITY FUTURES TRADING COMMISSION

FORM SEF

**SWAP EXECUTION FACILITY
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION**

COVER SHEET

trueEX LLC

Exact name of Applicant as specified in charter

162 5th Ave, Suite 902, New York, New York 10010

Address of principal executive offices

- If this is an **APPLICATION** for registration, complete in full and check here.
- If this is an **AMENDMENT** to an application, or to an existing order of registration, list all items that are amended and check here.

GENERAL INFORMATION

1. Name under which the business of the swap execution facility is or will be conducted, if different than name specified above (include acronyms, if any):

N/A

2. If name of swap execution facility is being amended, state previous swap execution facility name:

N/A

3. Contact information, including mailing address if different than address specified above:

N/A

Number and Street

City

State

Country

Zip Code

646.786.8520

212.675.5834

Main Phone Number

Fax

www.trueex.com

Website URL

E-mail Address

4. List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:

Office

Corporate Headquarters

Address

162 5th Ave, Suite 902, New York, New York 10010

5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following:

- a. Date of succession

- b. Full name and address of predecessor registrant

Name

Number and Street

City

State

Country

Zip Code

Main Phone Number

Website URL

BUSINESS ORGANIZATION

6. Applicant is a:

Corporation

Partnership

Limited Liability Company

Other form of organization (specify) _____

7. Date of incorporation or formation: October 18, 2011

8. State of incorporation or jurisdiction of organization: Delaware

9. The Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.

Karin Wichman, General Counsel

Print Name and Title

trueEX LLC

Name of Applicant

162 5th Ave, Suite 902,

Number and Street

New York

New York

10010

City

State

Zip Code

SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 15th day of July, 2013. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

trueEX LLC

Name of Applicant

Signature of Duty Authorized Person

Sunil Gordhan Hirani, CEO and Director

Print Name and Title of Signatory