FORM D -

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Expires:	May	31,	200
Estimate	d av	erag	ge t

Number: 3235-0076

burden hours

OMB_APPROVAL

per form......16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY DATE RECEIVED Serial

02016278

A0-86865-0A

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

A.D.A.M., Inc. - Acquisition of Nidus Information Services, Inc.

[x]Rule 506

[]Section 4(6) IULOE

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Filing Under (Check box(es) that apply): []Rule 504 []Rule 505 Type of Filing: [x]New Filing

[]Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

A.D.A.M., Inc.

Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices)

Not applicable

Telephone Number (Including Area Code)

Not applicable

770-980-0888

Brief Description of Business

The Company develops interactive health and medical information for consumers, students and healthcare organizations.

Type of Business Organization

[x] corporation

[] limited partnership, already formed

[] other (please specify):

[] business trust

[] limited partnership, to be formed

Month

Year

[90]

Actual or Estimated Date of Incorporation or Organization:

[02]

[X]Actual

[]Estimated

THOMSON

Jurisdiction of Incorporation or Organization: (enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

[GA]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIF	ICATION DATA						
Enter the information requested for the following: ! Each promoter of the issuer, if the issuer has been organized to	within the past five years;						
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;							
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and							
! Each general and managing partner of partnership issuers.			. (
Check box(es) that apply: [x]Promoter [x]Beneficial Owner	[x]Executive Officer	[x]Director	[]General and/or				
Managing Partner			•				
Full Name (Last Name first, if individual)							
Cramer, Jr. Robert S.			:				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)						
1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328							
Check box(es) that apply: []Promoter []Beneficial Owner	[x]Executive Officer	[]Director	[]General and/or Managing Partner				
Full Name (Last Name first, if individual)							
Noland Kevin							
Business or Residence Address (Number and Street, City, State, Zip Co 1600 RiverEdge Parkway, Suite 800; Atlanta; GA 30328	ide);						
Check box(es) that apply: []Promoter []Beneficial Owner	[]Executive Officer	[x]Director	[]General and/or Managing Partner				
Full Name (Last Name first, if individual)	The state of the s		8 0				
Howe Daniel S.							
Business or Residence Address (Number and Street, City, State, Zip Co	ode)						
1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328							
Check box(es) that apply: []Promoter []Beneficial Owner	[]Executive Officer	[x]Director	[]General and/or Managing Partner				
Full Name (Last Name first, if individual) McClaugherty John W.							
Business or Residence Address (Number and Street, City, State, Zip Co 1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328	de)						
Check box(es) that apply: []Promoter []Beneficial Owner	[]Executive Officer	[x]Director	[]General and/or Managing Partner				
Full Name (Last Name first, if individual) Davis Linda B.			:				
Business or Residence Address (Number and Street, City, State, Zip Co 1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328	de)		* ·				
Check box(es) that apply: []Promoter []Beneficial Owner	[]Executive Officer	[x]Director	[]General and/or Managing Partner				
Full Name (Last Name first, if individual)			-				
Tedesco Francis J.							
Business or Residence Address (Number and Street, City, State, Zip Co	de)						
1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328							
Check box(es) that apply: []Promoter []Beneficial Owner	[]Executive Officer	[x]Director	[]General and/or Managing Partner				
Full Name (Last Name first, if individual)							
Kishel Mark							
Business or Residence Address (Number and Street, City, State, Zip Co	de)						
1600 RiverEdge Parkway, Suite 800, Atlanta, GA 30328							
(Use blank sheet or copy and use addition	nal copies of this sheet as r	necessary.)					

					B. INFO	RMATIC	N ABOU	T OFFE	RING				
l. Has t	he issuer s	old, or do	es the issue An	r intend to swer also	sell, to no	on-accredit ix, Colum	ted investo n 2, if filin	rs in this	offering? ULOE.	******		Y(2	'es No x] []
2. What	is the min	imum inve	estment that	will be ac	cepted fro	om any ind	ividual? .			• • • • • • • • • • • • • • • • • • • •		···· ····· <u> </u>	N/A
												v	es No
3. Does	the offerin	ng permit j	oint owners	ship of a si	ngle unit?			• • • • • • • • • • • • •				[] [x]
remu perso more	neration fon n or agen	or solicitati t of a brok (5) persor	nested for ention of purch ter or dealers to be list	nasers in c er registere	onnection ed with the	with sales e SEC and	of securit l/or with a	ies in the state or	offering. states, lis	If a pers	son to be ine of the	listed is an broker or	associated dealer. If
		ame first,	if individua	1)									
Not app													
Business	or Reside	nce Addre	ss (Number	r and Stree	t, City, Si	ate, Zip C	ode)						
Name of	Associate	d Broker o	or Dealer								 		
States in	which per	son listed	has solicite	d or intend	ls to solici	t purchase	rs						
(Choole !	All Statos	" or obsole	 individual	States)								r 3 . A	11 Change
[AL]	[AK]	[AZ]	[AR]	CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[] A [ID]	II States
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	(NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR]	[PA]	
			f individua		[01]	[\ 1]	[Y A].	[WA]	[44 4]	[44 1]	[WY]	[PR]	
	(2007 12			,								. "	÷
Business	or Reside	nce Addre	ss (Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of	Associate	d Broker o	or Dealer									· · · · · · · · · · · · · · · · · · ·	
States in	which per	son listed	has solicite	d or intend	ls to solici	t purchase	rs						
· · · ·	4.11.0	011-	1	Chatan		_						r 3 A	11 G
(Спеск	All States	or eneck	individual	States)							• • • • • • • • • • • • •	[]A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	***
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nar	ne (Last na	ıme first, i	f individual	i)									
Business	or Reside	nce Addre	ss (Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of	Associate	d Broker c	r Dealer	·									
States in	which per	son listed	has solicited	d or intend	s to solici	t purchase:	rs						
(Check '	All States	" or check	individual :	States)								[]A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

		C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROC	EEDS		
	alrea offer	the aggregate offering price of securities included in this offering and the total amount dy sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange ing, check this box [] and indicate in the columns below the amounts of the securities ed for exchange and already exchanged.			
		Type of Security	Aggregate Offering Price	A	Amount lready Sold
		Debt	\$0	\$_	00
	€ 1 1 .	Equity	\$_1,120,600	\$_	1,120,600
		[x] Common [] Preferred			
		Convertible Securities (including warrants)	\$0	\$.	0
		Partnership Interests	\$0	\$	0
		Other (Specify)	\$0	\$_	0
		Total	\$ 1.120,600	\$_	1,120,600
		Answer also in Appendix, Column 3, if filing under ULOE			
	this 6 504,	the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule indicate the number of persons who have purchased securities and the aggregate dollar and of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	: 'e ''		Number Investors		Aggregate liar Amount
				01	Purchases
	is"	Accredited Investors	4	\$	784,420
		Non-accredited Investors	1	\$	336,180
	:	Total (for filings under Rule 504 only)	N/A	\$	N/A
:	secur montl	s filing is for an offering under Rule 504 or 505, enter the information requested for all ities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) hs prior to the first sale of securities in this offering. Classify securities by type listed in C-Question 1.			
			Type of Security	Do	llar Amount
	;	Type of Offering	27/1	er.	Sold
		Rule 505	N/A	\$_	N/A
		Regulation A	N/A	\$	N/A
	1.	Rule 504	N/A N/A	\$ \$	N/A N/A
		Total	N/A	Φ	11/1
į	secur issuer	arnish a statement of all expenses in connection with the issuance and distribution of the ities in this offering. Exclude amounts relating solely to organization expenses of the r. The information may be given as subject to future contingencies. If the amount of an inditure is not known, furnish an estimate and check the box to the left of the estimate.			
		Transfer Agent's Fees	[]	\$	0
		Printing and Engraving Costs	[}	\$	0
	,	Legal Fees	[x]	\$	25,000
		Accounting Fees	[]	\$	0
		Engineering Fees	[]	\$	0
		Sales Commissions (specify finders' fees separately)	[]	\$	0
		Other Expenses (identify)	[]	\$	0

[x] \$ 25,000

C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSE	ES ANI) USE	OF PR	OCEEDS		
b. Enter the difference between the aggregate of Question I and total expenses furnished in respon the "adjusted gross proceeds to the issuer."		\$ <u>1,095,600</u>					
5. Indicate below the amount of the adjusted gross pro for each of the purposed shown. If the amount for a check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to	any purpose is not known, furnish e of the payments listed must equal t	stimate	and				
			Di A	yments 7 Officers, rectors & Affiliates	&	P	ayments To Others
Salaries and fees		[]	\$	0	_ []	\$	0
Purchase of real estate		[]	\$	0	[]	\$	0
Purchase, rental or leasing and installation of machiner	y and equipment	[]	\$	0	_ []	\$	0
Construction or leasing of plant buildings and facilities		[]	\$	0	[]	\$	0
Acquisition of other businesses (including the valu offering that may be used in exchange for the asset pursuant to a merger)	ts or securities of another issuer	[]	\$	00	[x]	\$	1,095,600
Repayment of indebtedness		[]	\$	0	_ []	\$	0
Working capital		[]	\$	0	[]	\$	_0
Other (specify)		[]	\$	0	[]	\$	0
Column Totals	·	[]	\$	0	[x]	\$1	1,095,600
Total Payments Listed (column totals added)				[x]	\$ <u>1,095,60</u>	<u>0</u>	3.3
1871							
	D. FEDERAL SIGNATURE		Griffiy Griffiy				20076285
The issuer has duly caused this notice to be signed by the ignature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accredited	nish to the U.S. Securities and Exch	iange C	ommi	ssion, u	iled under R pon written	ule 50 reques	05, the following of its staff, t
Issuer (Print or Type)	Signature	7	•		Date		
A.D.A.M., Inc.	14843(X	1		-	February 2	L, 200	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			L			
Robert S. Cramer, Jr.	Chief Executive Officer						
A							