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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Table with columns: Prefix, Serial, DATE RECEIVED

Name of Offering (HealthCap IV, L.P.) Filing Under (Rule 504, Rule 505, X Rule 506, Section 4(6), ULOE) Type of Filing (X New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer Name of Issuer (HealthCap IV, L.P. (the "Fund")) Address of Executive Offices (18 Avenue D'Ouchy, CH1006 Lausanne, Switzerland) Telephone Number (41-21-614 35 00) Address of Principal Business Operations Brief Description of Business (An investment fund concentrating in the health care sector.)

PROCESSED

Type of Business Organization (corporation, X limited partnership, already formed) Actual or Estimated Date of Incorporation or Organization (Month 06, Year 02) Jurisdiction of Incorporation or Organization (D, E)

JUL 23 2002 THOMSON FINANCIAL

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. 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. Information Required: A new filing must contain all information requested. 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.

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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized 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:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
HealthCap IV GP S.A. (the "General Partner")

Business or Residence Address (Number and Street, City, State, Zip Code)  
18 Avenue D'Ouchy, CH1006 Lausanne, Switzerland

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director\*     General and/or Managing Partner

Full Name (Last name first, if individual)  
Fredrikson, Peder

Business or Residence Address (Number and Street, City, State, Zip Code)  
18 Avenue D'Ouchy, CH1006 Lausanne, Switzerland

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director\*     General and/or Managing Partner

Full Name (Last name first, if individual)  
de Laguiche, Charles-Louis

Business or Residence Address (Number and Street, City, State, Zip Code)  
Jenni & Cie SA, Aeschengraben 20, CH-4051 Basel, Switzerland

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director\*     General and/or Managing Partner

Full Name (Last name first, if individual)  
Kaiser, Francois

Business or Residence Address (Number and Street, City, State, Zip Code)  
6 rue de la Grotte, Case Postal 2480, CH-1002 Lausanne, Switzerland

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner  
Innovationsforeningen ATP Private Equity, Efdeling 2 Europa

Full Name (Last name first, if individual)  
c/o ATP Private Equity Partners, Gothersgade 49, 1 tv., 1123 Copenhagen K, Denmark

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
HarbourVest International Private Equity Partners IV – Partnership Fund L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)  
One Financial Center 44th Floor, Boston, MA 02111

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)  
American Home Assurance Company

Business or Residence Address (Number and Street, City, State, Zip Code)  
c/o AIG Global Investment Corp., 175 Water Street, New York, NY 10038

\* of the General Partner.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized 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:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)  
Themis Vermögensverwaltungsgesellschaft mbH

Business or Residence Address (Number and Street, City, State, Zip Code)  
Themis Vermögensverwaltungsgesellschaft mbH, Giselastrasse 4, D-80802 Munich, Germany

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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Full Name (Last name first, if individual)

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Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**B. INFORMATION ABOUT OFFERING**

Yes No

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....  Yes  No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? ..... \$ \*

\* The minimum commitment for each limited partner is SEK 45 million, although the General Partner may at its discretion accept commitments of lesser amounts. The economic provisions of the Partnership Agreement of the Fund are computed based on Swedish krona (SEK); for purposes of this Form only, dollar amounts are inserted using a conversion rate of 1 SEK: U.S. \$0.10773325 in effect on July 3, 2002. Yes No

3. Does the offering permit joint ownership of a single unit? .....  Yes  No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. **Commissions may be paid to other persons with respect to sales to investors located outside the U.S.**

Full Name (Last name first, if individual)

Credit Suisse First Boston Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Credit Suisse First Boston (Europe) Limited, 1 Cabot Square, London, England E14 4QJ

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All 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]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All 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]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All 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]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$0 _____	\$0 _____
Equity .....	\$0 _____	\$0 _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$0 _____	\$0 _____
Partnership Interests .....	\$323,199,750.00* _____	\$151,137,764.43 _____
Other (Specify _____) .....	\$0 _____	\$0 _____
Total .....	\$323,199,750.00* _____	\$151,137,764.43 _____

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	15	\$151,137,764.43 _____
Non-accredited Investors .....	0	\$0 _____
Total (for filings under Rule 504 only) .....	_____	\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering .....	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
Total .....	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	X	\$0 _____
Printing and Engraving Costs .....	X	\$0 _____
Legal Fees .....	X	\$** _____
Accounting Fees .....	X	\$** _____
Engineering Fees .....	X	\$0 _____
Sales Commissions (specify finders' fees separately) .....	X	\$*** _____
Other Expenses (identify) .....	X	\$** _____
Total .....	X	\$3,231,997.50**/****

\* The target size of the Fund, together with an affiliated Swedish limited partnership and other affiliated entities that will invest in parallel with the Fund, is 3,000 million SEK. The economic provisions of the Partnership Agreement of the Fund are computed based on Swedish krona (SEK); for purposes of this Form only, dollar amounts are inserted using a conversion rate of 1 SEK: U.S. \$0.10773325 in effect on July 3, 2002. \*\* Establishment costs will be borne by the General Partner; the Fund will pay 1% of capital commitments to the General Partner as a contribution toward establishment costs. \*\*\* Placing agent fees will be paid by the Investment Advisor.

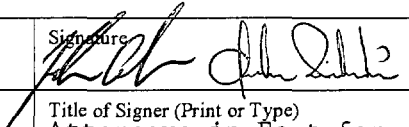
**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

- b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." **\$319,967,752.50**
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	X <b>\$6,463,995.00*</b>	□ \$ _____
Purchase of real estate .....	□ \$ _____	□ \$ _____
Purchase, rental or leasing and installation of machinery and equipment .....	□ \$ _____	□ \$ _____
Construction or leasing of plant buildings and facilities .....	□ \$ _____	□ \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	□ \$ _____	□ \$ _____
Repayment of indebtedness .....	□ \$ _____	□ \$ _____
Working capital .....	□ \$ _____	□ \$ _____
Other (specify): Investments _____	□ \$ _____	X <b>\$313,503,757.50</b>
_____	□ \$ _____	□ \$ _____
_____	□ \$ _____	□ \$ _____
Column Totals .....	X <b>\$6,463,995.00</b>	X <b>\$313,503,757.50</b>
Total Payments Listed (columns totals added) .....	X <b>\$319,967,752.50</b>	_____

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) HealthCap IV, L.P.	Signature 	Date July 12, 2002
Name of Signer (Print or Type) Jockum Catoni Anders Lindstrom	Title of Signer (Print or Type) Attorneys-in-Fact for <small>* HealthCap IV GP S. A., the general partner of HealthCap IV, L.P.</small>	

\* Estimate of first year's advisory fee based on a total offering of 3,000 million SEK.

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**