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

OMB A	PPROVAL
OMB Number	r: 3235-0076
Expires:Au	ugust 31, 1998
Estimated	average burden
hours per	form 16.00

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Name of Offering ([] check if this is an amendment and name has changed, and indicate change) EGM Diversified Strategies Fund, L.P.: Offering of Limited Partnership Interests	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [Type of Filing: [] New Filing [XX] Amendment] ULOE
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.) EGM Diversified Strategies Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, ZIP Code) Two Embarcadero Center, Suite 1300, San Francisco, California, 94111	(Including Area Code) (415) 782-9600
Address of Principal Business Operations (Number and Street, City, State, ZIP Code) Telephone Number Operations (if different from Executive Offices) Same as executive offices.	(Including Area Code)
Brief Description of Business Securities investment	
Type of Business Organization [] corporation [x] limited partnership, already formed [] other (please specify):	PROCESSED
[] business trust [] limited partnership, to be formed	AUG 0 7 2002
Month Year Actual or Estimated Date of Incorporation or Organization: [0][6] [0][2] [x]Actual []Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [C][A]	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. 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 have adopted this form. Issuers relying on ULOE must file a 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond un less 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.

The general and managing partner of partnership better.		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[] Director	<pre>[x] General and/or Managing Partner</pre>
Full Name (Last name first, if individual) EGM Capital		
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Bilyeu, Scott M.		
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Goodbar, Eric S.	·· <u></u>	
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer	[x] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Grayson, William E.		
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[x] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Jackson, Michael T.		and the second s
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[x] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Kaplan, Gary P.	***************************************	
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	(x) Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Mahoney, Michael J.		
Business or Residence Address (Number and Street, City, State, ZIP Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111		

ATTACHMENT TO FORM D

A. BASIC IDENTIFICATION DATA	A. BASIC IDENTIFICATION DATA						
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer	[x] Director	[] General and/or Managing Partner					
Full Name (Last name first, if individual): Rohal, John P.	•						
Business or Residence Address (Number and Street, City, State, Zip Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111							
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer	[x] Director	[] General and/or Managing Partner					
Full Name (Last name first, if individual): Scott, Guy R.							
Business or Residence Address (Number and Street, City, State, Zip Code): Two Embarcadero Center, Suite 1300, San Francisco, California 94111							

	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES AND USE OF I	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	-	=
	-	<u>-</u>	
	columns below the amounts of the securities offered for exchange		-
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$0.00	\$0.00
	Equity		\$0.00
	Equity	\$0.00	\$0.00
	[] Common [] Preferred		
	Convertible Securities (including warrants)	\$	\$.
	Partnership Interests		\$1,234,612.04
	Other (Specify)	\$ <u>N/A</u>	\$ <u>N/A</u>
	Total	\$200,000,000.00	\$1,234,612.04
	Answer also in Appendix, Column 3, if filing under	ULOE.	
2.	Enter the number of accredited and non-accredited investors who	nave purchased seco	urities in this offering and the
	aggregate dollar amounts of their purchases. For offerings under purchased securities and the aggregate dollar amount of their purchased securities and the aggregate dollar amount of their purchased securities and the aggregate dollar amount of their purchased securities and the aggregate dollar amount of their purchased securities and the aggregate dollar amount of their purchases.		
	"none" or "zero."		
			Aggregate
		Mumbow	Dollar Amount
	`	Number	
		Investors	of Purchases
	Accredited Investors	4	\$1,234,612.04
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	2		
	Answer also in Appendix, Column 4, if filing under	r ULOE.	
3.	If this filing is for an offering under Rule 504 or 505, enter the	ne information requ	uested for all securities sold by the
	issuer, to date, in offerings of the types indicated, in the twe	lve (12) months pr	ior to the first sale of securities in
	this offering. Classify securities by type listed in Part C-Que		
		Type of	Dollar Amount
	Time of offering	Security	Sold
	Type of offering		
	Rule 505		\$ <u>N/A</u>
	Regulation A	<u>N/A</u>	\$ <u>N/A</u>
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N / 7	ć N / N
	IOCAI	N/A	\$ <u>N/A</u>
4	a. Furnish a statement of all expenses in connection with the i	ssuance and distril	bution of the securities in this
•			
	offering. Exclude amounts relating solely to organization expen		
	subject to future contingencies. If the amount of an expenditure	e is not known, fu	rnish an estimate and check the box to
	the left of the estimate.		
	Transfer Agent's Fees		[x] \$0.00
	· · · · · · · · · · · · · · · · · · ·		
	Printing and Engraving Costs		[x] \$0.00
	Legal Fees		[x] \$25,000.00
	Accounting Fees		[x] \$0.00
	Engineering Fees		[x] \$0.00
	Sales Commissions (specify finders' fees separately)		[x] \$0.00
			[21] 40.00
	Other Expenses (identify):		
Mis	c. operating expenses		
			[x] \$5,000.00
	Total		[x]\$30,000.00
	10001		(, 450, 000.00
			·

	e. State Signature			
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of	Yes	No	
	the disqualification provisions of such rule?	[]	[x]	
	See Appendix, Column 5, for state response.			

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	EGM Diversified Strategies Fund, L.P.	
Signature	Jun D Prote	
Date 7/22/02	The state of the s	
Name of Signer (Print or Type)	Guy R. Scott	
Title of Signer (Print or Type)	President of EGM Capital, the General Partner of the Issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	Intend to sell to non- accredited investors in State (Part B - Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4				5 Disqual- ification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	 Yes	No	Ltd. partnership interests	Number of Accredited Investors	Amount	Number of Non-Accred Investors	Amount	Yes	No
AL		x	\$0	0	\$0	0	so		x
AK		х	\$0	0	\$0	0	\$0		x
AZ		х	\$0	0	\$0	0	\$0		x
AR		Х	\$0	0	\$0	0	\$0	1	x I
CA		X	\$200,000,000.00	3	\$734,612.04	0	\$0		x
со		х	\$0	0	\$0	0	\$0		x
CT		Х	\$0	0	\$0	0	\$0		х
DE	<u> </u>	X	\$0	0	\$0	0	\$0		х
DC	!	x	\$0	0	\$0	0	\$0	!	x
FL		X	\$0	0	\$0 .	0	\$0		x
GA		x	\$0	0	\$0	0	\$0		х
ні		x	\$0	0	\$0	0	\$0		x
ID		X	\$0	0	\$0	0	\$0		x
IL	!	x	\$0	0	\$0	0	\$0		х
IN	!	X	\$0	0	\$0	0	\$0		x
IA	! !	х	\$0	0	\$0	0	\$0		x
KS	!	Х	\$0	0	\$0	0	\$0	ļ	х
ку	!	Х	\$0	0	\$0	0	\$0		х
LA	!	х	\$0	0	\$0	0	\$0		х
ME	!	X	\$0	0	\$0	0	\$0		х
MD		x	\$200,000,000.00	1	\$500,000.00	0	\$0		x
MA		X	\$0	0	\$0	0	\$0		x
MI	1	х	\$0	0	\$0	0	\$0		x
MN		x	\$0	0	\$0	0	\$0		x
MS		x	\$0	0	\$0	0	\$0		x
мо	!	x	\$0	0	\$0	0	\$0		x
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APPENDIX

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	Intendisell to accredinte state of the state	o non- lited cors ate B -	Type of security and aggregate offering price offered in state (Part C-Item 1)	amount	Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)		
State	Yes	Ио	Ltd. partnership interests	Number of Accredited Investors	Amount	Number of Non-Accred Investors	Amount	Yes	No		
MT		х	\$0	0	\$0	0	\$0	<u> </u>	х		
NE		х	\$0	0	\$0	0	\$0	 	х		
NV		х	\$0	0	\$0	0	\$0		l x		
NH		х	\$0	0	\$0	0	\$0	!	х		
NJ		х	\$0	0	\$0	0	\$0		X		
NM		х	\$0	0	\$0	0	\$0		X		
NY		х	\$0	0	\$0	0	\$0		Х		
NC		х	\$0	0	\$0	0	\$0		х		
ND		х	\$0	0	\$0	0	\$0		Х		
ОН		х	\$0	0	\$0	0	\$0	1	х		
ок		х	\$0	0	\$0	0	\$0		Х		
OR		х	\$0	0	\$0	0	\$0		X		
PA		х	\$0	0	\$0	0	\$0		Х		
RI		х	\$0	0	\$0	0	\$0		х		
sc		х	\$0	0	\$0	0	\$0		х		
SD		х	\$0	0	\$0	0	\$0		х		
TN		χ̈́	\$0	0	\$0	0	\$0		х		
тx		х	\$0	0	\$0	0	\$0		x		
UT		х	\$0	0	\$0	0	\$0		x		
VT		х	\$0 	0	\$0	0	\$0		х		
VA		х	\$0	0	\$0	0	\$0		Х		
WA		х	\$0	0	\$0	0	\$0		х		
wv		х	\$0	0	\$0	0	\$0		X		
WI		x	\$0	0	\$0	0	\$0		x		
WY		x	\$0	0	\$0	0	\$0		X		
PR		х	\$0	0	\$0	0	\$0		х		