FORM D



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 APPROVAL								
OMB Number: 3235-0076								
Expires: May 31, 2005								
Estimated average burden								
hours per response16.00								

SEC USE ONLY Prefix Serial							
Prefix	Serial						
	1						
DATE REC	EIVED						
	1 **						

Name of Offering (check if this is an amendment and name has changed, and indica	nte change.)	THE STATE OF
Common Stock Private Placement Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Rule 506 Rule 507 Rule 508 Rule 508 Rule 508 Rule 508 Rule 508 Rule 508 Rule 509 Rule 5	Section 4(6) ULOE	
Type of Filing: New Filing Amendment	J Section 4(0) OLOE	
A. BASIC IDENTIFICATION	DATA	
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)	
PriceSmart, Inc.	<u> </u>	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	1.31
4649 Morena Boulevard, San Diego, CA 92117	(858) 581-4530	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
(if different from Executive Offices) Same as above.	Same as above.	
Brief Description of Business		SEACED
Owns and operates U.S. style membership shopping warehouses in Latin America,	the Caribbean and Asia.	CESSED
Type of Business Organization	other (please specify): NOV	06 2003
☐ limited partnership, already formed	other (please specify): NUV	00 2000
☐ business trust ☐ limited partnership, to be formed	TH	IOMSON
Month Year	FI	NANCIAL
Actual or Estimated Date of Incorporation or Organization: 0 8 9 4	🛚 Actual 🗌 Estimated	D
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbr	eviation for State:	5
CN for Canada; FN for other foreign juri	sdiction) DE	_

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 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.



2. I	Enter the infor	mation re	equested for the	following:			
1	_			issuer has been organized	•		
í	of the issu	ıer;		·	_		more of a class of equity securities
1	_			-	of corporate general and n	ranaging partner	s of partnership issuers; and
	Each gen	eral and r	nanaging partne	r of partnership issuers.			
Chec	ck Box(es) tha	t Apply:	☐ Promoter	⊠ Beneficial Owner	⊠ Executive Officer	⊠ Director	General and/or Managing Partner
	Name (Last n. e, Robert E.	ame first,	if individual)				
				and Street, City, State, Zip ward, San Diego, CA 921			
Chec	k Box(es) tha	t Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	Name (Last na cenas, Rafael		if individual)				
				and Street, City, State, Zip ward, San Diego, CA 921			
Chec	ck Box(es) tha	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	Name (Last na		if individual)				
Busi	ness or Reside	ence Add	ress (Number	and Street, City, State, Zir	Code)	***	
				vard, San Diego, CA 921			
Chec	ck Box(es) tha	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
	Name (Last n. ks, Leon C.	ame first,	if individual)				
				and Street, City, State, Zip ward, San Diego, CA 921			
Chec	ck Box(es) tha	t Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
	Name (Last nuse, Lawrenc	•	, if individual)				
				and Street, City, State, Zip ward, San Diego, CA 921		· · · · · · · · · · · · · · · · · · ·	
Chec	ck Box(es) tha	t Apply:	Promoter	⊠ Beneficial Owner		⊠ Director	General and/or Managing Partner
	Name (Last n ill, James F.	ame first,	, if individual)				
Busi	ness or Reside	ence Add	ress (Number	and Street, City, State, Zip	Code)		
				ward, San Diego, CA 921			
Chec	ck Box(es) tha	t Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	Name (Last n		, if individual)				
			ress (Number	and Street, City, State, Zip	Code)		
				vard, San Diego, CA 921			
				nk sheet, or copy and use		neet, as necessar	y.)

A. BASIC IDENTIFICATION DATA

2. E	Enter the information i	requested for the t	following:			
í	<u>. </u>		issuer has been organized bower to vote or dispose, o	-		more of a class of equity securities
1	_	fficer and director	of corporate issuers and	of comorate general and n	nanaging partner	rs of partnership issuers; and
•			r of partnership issuers.	V Q V		
Chec	k Box(es) that Apply:	: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	Name (Last name firs	t, if individual)				Managing Farmer
		-	and Street, City, State, Zip vard, San Diego, CA 921			
Chec	k Box(es) that Apply:	: Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
	Name (Last name firs crory , Jack	t, if individual)				
			and Street, City, State, Zip ward, San Diego, CA 921			
	k Box(es) that Apply		☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
	Name (Last name firs her, Edgar A.	t, if individual)				
		=	and Street, City, State, Zip ward, San Diego, CA 921	·		
Chec	k Box(es) that Apply	: Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name firs thman, Brud E.	t, if individual)				
			and Street, City, State, Zip ward, San Diego, CA 921		- 11	
Chec	k Box(es) that Apply	: Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name firs s, Robert M.	t, if individual)				
		· · · · · · · · · · · · · · · · · · ·	and Street, City, State, Zip vard, San Diego, CA 921			
Chec	k Box(es) that Apply	: Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name firs ebrandt, John D.	t, if individual)				
		-	and Street, City, State, Zip ward, San Diego, CA 921		_	
Chec	k Box(es) that Apply	: Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name firs tin, Thomas D.	t, if individual)				
			and Street, City, State, Zip ward, San Diego, CA 921			
						·

A. BASIC IDENTIFICATION DATA

2. F	Enter the information re	equested for the f	following:			
í	Each promoter of t	the issuer, if the i	issuer has been organized	within the past five years;	;	
í	 Each beneficial ow of the issuer; 	vner having the p	ower to vote or dispose, o	or direct the vote or dispos	sition of, 10% or	more of a class of equity securities
•	_			of corporate general and n	nanaging partner	s of partnership issuers; and
	Each general and r	nanaging partner	of partnership issuers.			
Chec	ek Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
	Name (Last name first, on, William J.	if individual)				
		•	and Street, City, State, Zipvard, San Diego, CA 921	-		
Chec	k Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name first, , Edward	if individual)				
		•	and Street, City, State, Zip vard, San Diego, CA 921			
Chec	k Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first, po Gigante, S.A. de C	-	,			
			and Street, City, State, Zip Miguel Hidalgo, Col. N	o Code) ueva Granada, 11520 M	exico, D.F., Me	xico
Chec	ck Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	Name (Last name first, e, Sol	if individual)				
	ness or Residence Add Ivanhoe Avenue, Sui		and Street, City, State, Zip , CA 92037	Code)		
Chec	ek Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	Name (Last name first, , S.A.	, if individual)				
			and Street, City, State, Zip , Panama, Republic of F			
	ck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full	Name (Last name first,	, if individual)				
Busi	ness or Residence Add	ress (Number a	and Street, City, State, Zip	Code)		
Chec	ek Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full	Name (Last name first,	, if individual)	· · · · · · · · · · · · · · · · · · ·			- and a second
Busi	ness or Residence Add	ress (Number a	and Street, City, State, Zip	o Code)		
		(Use blar	nk sheet, or copy and use	additional copies of this sl	neet, as necessar	y.)

A. BASIC IDENITFICATION DATA

	·			B. II	NFORMAT	TON ABO	UT OFFEI	RING				
											Yes	No
1. Has the	issuer sold	, or does the	e issuer inte	•				•	••••••			\boxtimes
n TA71	Al				ppendix, C						d.	
2. What is	the minim	um investin	ent that will	be accepte	o from any	individuai?	•••••	••••••	••••••••		\$1,700, Yes	<u>000.00</u> No
2 Does th	e offering r	ermit ioint	ownership	nf a single i	mit?							
J. 2000 U.	e onema i	æiiint joint	ownership (or a single t	MIII	***************		**************	• • • • • • • • • • • • • • • • • • • •			_
commis a persor states, l	ssion or sim n to be liste ist the nam	ilar remune d is an asso e of the bro	ted for each eration for so ociated perso oker or deal forth the inf	olicitation on on or agent er. If more	of purchaser of a broker than five (s in connec or dealer r (5) persons	tion with sa egistered w to be listed	les of secur ith the SEC	ities in the and/or wit	offering. If h a state or		
Full Name	,	first, if ind	ividual)									
Not applic	able.											
Business or	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)	**				•	
Name of A	ssociated B	roker or De	ealer	 								
States in W	hich Person	n I istad Ha	s Solicited	or Intende t	o Solicit Pu	mhacare						
			lividual Stat								••••	☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
$[{ m IL}]$	[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 Business of			ividual) 	Street, City	y, State, Zip	Code)						
												· · · · · · · · · · · · · · · · · · ·
Name of A	ssociated B	roker or De	ealer									
			s Solicited of									☐ 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 ind	ividual)									
Business of	r Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·		·			
					_							
Name of A	ssociated B	roker or De	ealer									
			s Solicited							_		
			lividual Stat						fræ 3		 [t++1	All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "o" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ 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			
	Equity	\$5,000,000,00		\$5,000,000.00
	Convertible Securities (including warrants)			
	Partnership Interests			
	Other (Specify)			-
	Total	\$5,000,000.00		\$5,000,000.00
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 "o" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	2_		\$5,000,000.00
	Non-accredited Investors			
	Total (for filings under Rule 504 only)	prompting of the delication of		
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	. <u> </u>		
	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			
	Printing and Engraving Costs			
	Legal Fees	••••	\boxtimes	\$5,000.00
	Accounting Fees	********		
	Engineering Fees	*********		
	Sales Commissions (specify finders' fees separately)			
	Other Expenses (identify)	•••••		
	Total		\boxtimes	\$5,000.00

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

						· · · · · · · · · · · · · · · · · · ·
	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AND	USE	OF PRO	CEEDS	
	o. Enter the difference between the aggregate off and total expenses furnished in response to Part C - proceeds to the issuer."	Question 4.a. This difference is the "adjusted	gross			\$4,995,000.00
	indicate below the amount of the adjusted gross proces the purposes shown. If the amount for any purpose is eft of the estimate. The total of the payments listed to forth in response to Part C - Question 4.b above.	not known, furnish an estimate and check the box	to the			
	orum in response to ran C - Question 4.0 above.			Payme Offic Direct Affil	cers, ors, &	Payments t Others
	Salaries and fees				_ 🗆	
	Purchase of real estate					
	Purchase, rental or leasing and installation of m	achinery and equipment				
	Construction or leasing of plant buildings and fa	acilities				
	Acquisition of other business (including the val- offering that may be used in exchange for the as				_	
	issuer pursuant to a merger)					
	Repayment of indebtedness					
	Working capital					\$4,995,000.00
	Other (specify):					
	Column Totals				\boxtimes	\$4,995,000,00
	Total Payments Listed (column totals added)			\boxtimes	\$4,995,000.0	<u>xo</u>
		D. FEDERAL SIGNATURE				
sign	issuer has duly caused this notice to be signed by a ture constitutes an undertaking by the issuer to furmation furnished by the issuer to any non-accredite	mish to the U.S. Securities and Exchange Com	missio	is filed in, upon i	under Rule 50 written request	5, the following of its staff, the
Issu	er (Print or Type)	Signature			ate	
Pric	eSmart, Inc.	ICM W		O	ctober <u>29,</u> 20	98
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Rot	ert M. Gans	Executive Vice President, General Counsel and	l Secre	etarv		

ATTENTION

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