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, 2001 Estimated average burden hours per form 1								
SEC	USE O	NLY .						
Prefix Serial								
DATE RECIEVED								

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Name of Offering (check if this is an amendment and name has changed, and indicate change.	144952
Filing Under (Check box(es) that apply): □ Rule 504 Rule 505 🗵 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖾 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖾 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖾 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖾 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖾 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖾 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 504 Rule 505 🖂 Rule 506 Section 4(6) □ Under (Check box(es) that apply): □ Rule 506 Section 4(6) □ Under (Che	JLOE
A. BASIC IDENTIFICATION DAT	A PROCESSED
Enter the information requested about the issuer	DEC 0.2.2003
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) Applied DNA Sciences, Inc.	THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code) 9255 West Sunset Boulevard, Suite 805, Los Angeles, CA 90069	Telephone Number (Including Area Code) (310) 860-1362
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provider of corporate security solutions using DNA-embedded biotechnology proc	lucts
Type of Business Organization ☑ corporation ☐ limited partnership already formed ☐ other (please specify ☐ business trust ☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year	□ Actual ☑ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction	
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address 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 smanually signed copy or bear typed or printed signatures.	igned. Any copies not manually signed must be photocopies of the
Information Required: A new filing must contain all information requested. Amendments need only report the requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part	
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 se this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state who of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. state law. The Appendix to the notice constitutes a part of this notice and must be completed.	ere sales are to be, or have been made. If a state requires the payment
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 IDENTIFICATION DATA 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 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) Lee, Lawrence Business or Residence Address (Number and Street, City, State, Zip Code) 9255 West Sunset Boulevard, Suite 805, Los Angeles, CA 90069 ☑ Executive Officer Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Wehr, Gerhard Business or Residence Address (Number and Street, City, State, Zip Code) 9255 West Sunset Boulevard, Suite 805, Los Angeles, CA 90069 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner □ Executive Officer ☑ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Hill, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 9255 West Sunset Boulevard, Suite 805, Los Angeles, CA 90069 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bocock, Larry Business or Residence Address (Number and Street, City, State, Zip Code) 9255 West Sunset Boulevard, Suite 805, Los Angeles, CA 90069 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cardona, Jaime Business or Residence Address (Number and Street, City, State, Zip Code) 9255 West Sunset Boulevard, Suite 805, Los Angeles, CA 90069 □ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Check Box(es) that Apply: □ Promoter 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

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

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					B. II	NFORM.	ATION AI	BOUT OF	FERING					
1. Has t	he issuer so						ted investo		offering? .			Yes		
2. What is the minimum investment that will be accepted from any individual?									Not App					
3. Does the offering permit joint ownership of a single unit?										Vac				
person to states, li	the information or similar to be listed is still the name or dealer, you	ar remuner an associ of the bro	ration for s iated perso ker or dea	solicitation on or agen iler. If mo	of purcha t of a brok re than fiv	sers in co cer or deal re (5) pers	nnection w ler register sons to be	rith sales o ed with th listed are	f securities e SEC and	s in the offe d/or with a	ering. If a	Yes		
Full Nan	ne (Last nan	ne first, if	individual)										
	or Resident lison Avenu				et, City, St	ate, Zip C	lode)							
	`Associated Capital Part		Dealer:		-		-				-			
States in	Which Pers	on Listed	Has Solic	ited or Int	ends to So	licit Purc	hasers							
[AL]	'All States" ([AK] [IN]	[AZ] [IA]	[AR] [KS]	[<u>CA]</u> [KY]	[CO] [LA]	[CT] [ME]	[DE] - [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	. □All States	
[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 Nan	ne (Last nam	ne first, if	individual) .						* * ****	· · ·			
Business	or Residen	ce Addres	s (Number	and Stree	t, City, St	ate, Zip C	lode)							
Name of	Associated	Broker or	Dealer			,								
	Which Person					hasers								
(Check "A [AL] [IL] [MT] [RI]	All States" or o [AK] [IN] [NE] [SC]	theck indiving [AZ] [IA] [NV] [SD]	idual States) [AR] [KS] [NH] [TN])[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]		
	e (Last name f			[***]	[01]		[,,,,]	[,,,,,	[,, ,]	[,,,]	[,,,,]	[110]		
Business	or Residence	e Addres	s (Number	and Stree	t, City, St	ate, Zip C	ode)						. • • •	
Name of	Associated	Broker or	Dealer									<u> </u>		
	Which Person					hasers								<u></u>
[AL]	Il States" or c	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [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 exchange. 								
	Type of Securities	Aggregate Offering Price	Amount Already Sold						
	Debt (\$50,000 principal amount 10% Subordinated Convertible Promissory Note and	\$750,000	\$462,500						
	Warrants to purchase 50,000 shares of Common Stock)								
	Equity								
	☑ Common □Preferred	-							
	Convertible Securities (including warrants)								
	Partnership Interests								
	r atticistip interess	<u>·</u> _							
	Other (Specify)		-						
	Total	\$750,000	\$462,500						
	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	\$462,500						
	Accredited investors								
	Non-accredited Investors	0							
	Non-accredited investors	<u> </u>							
,	Total (for filings under Rule 504 only)	0							
	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 I.	Type of Security	Dollar Amount Sold						
	Type of offering	N/A							
	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 he 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 left of the estimate.								
	Transfer Agent's Fees								
	Printing and Engraving Costs	\boxtimes	\$1,000						
	Legal Fees		\$37,500						
	Accounting Fees	c							
	Engineering Fees								
	Sales Commissions (specify finders' fees separately)	⊠	\$75,000						
	Other Expenses (identify): Blue Sky Fees and Escrow Agent	⊠	\$9,000						
	Total	\boxtimes	\$122,500						
	4 of 8	SEC	.972 (5						

		ing price given in response to Part C - Question I an Question 4.a. This difference is the "adjusted gross		\$627,500	_	
					_	
5.	Indicate below the amount of the adjusted gross produpurposes shown. If the amount for any purpose is not of the estimate. The total of the payments listed must response to Part C - Question 4.b above.	ot known, furnish an estimate and check the box to th	e left			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees(Consultants and Advisors)				_ 🗵	\$75,000
	Purchase of real estate				□	
	Purchase, rental or leasing and installation of	f machinery and equipment				·
	Construction or leasing of plant buildings a	nd facilities				
		ne value of securities involved in this offering that curities of another Issuer pursuant to a merger).			- ::	
	Repayment of indebtedness				_ 🗵	\$150,000
	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_ -	\$152,500
	Other (specify): development of sales/m products, and general corporate purpose	arketing team, development of new DNA			_ 🗵	\$250,000
	Column Totals	C + +	П		×	\$627,500
		added)	_	⊠	- \$627,500	
	2000 (0010000 100000	,		_	9,21,10	-
				·		_ .
		D. FEDERAL SIGNATURE		<u> </u>		
OI	e issuer has duly caused this notice to be signed by a stitutes an undertaking by the issuer to furnish to the issuer to any non-accredited investor pursuant to pa	U.S. Securities and Exchange Commission, upon writ				
	uer (Print or Type): plied DNA Sciences, Inc.	Signature M. W. W.	Date	7/29/1	13	
۱a	me of Signer (Print or Type):	Title of Signer (Print or Type):		7 7		
Эe	rhard Wehr	Chief Financial Officer				

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

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

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	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 offerers.
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.
	E. STATE SIGNATURE Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? 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 (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuefferers. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Off 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 unders duly authorized person. Signature Print or Type): Title of Signer (Print or Type): Title of Signer (Print or Type):
Issu	er (Print or Type): Signature / / Date / 127
App	olied DNA Sciences, Inc. //LA/US
Nan	ne of Signer (Print or Type): Title of Signer (Print or Type):
Car	chief Financial Officer

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

	non-ac	to sell to credited ors in State 3-Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	[stor and amoun	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X							
AK		X							
ΑZ		X							
AR		X			·				
CA		X		<u>-</u>					
со		X		**					
СТ		X				·			
DE	-	X							
DC		X							
FL		X	\$750,000	1	\$12,500				X
GA		X							
HI		X		-					
ID		X							
IL		X	\$750,000	2	\$50,000				X
IN .		X							
ΙA		x							
KS		X	333		-				-
KY		X							
LA		х							
ME		X							
MD		X		-					
MA		X							
MI		X							
MN		X		· .					
MS		X			-				
МО		x							

APPENDIX

	non-ac	to sell to credited ors in State -Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inves	tor and amount pu	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		Х							
NE		X							
NV		X							
NH		X							
NJ		X							
NM		X					1.		
NY		X	\$750,000	11	\$350,000				X
NC		x					-		
ND		X							
ОН		X				·			
OK		X							
OR		X						7	
PA		X							
RI		X	·					<u> </u>	
SC		X							
SD		X							
TN		X	\$750,000	1	\$50,000				X
TX		X							
UT		X							
VT		X							
VA		Х							
WA		X			•				
WV		Х							
WI		X.							
WY		Х			·				
PR		X				-			