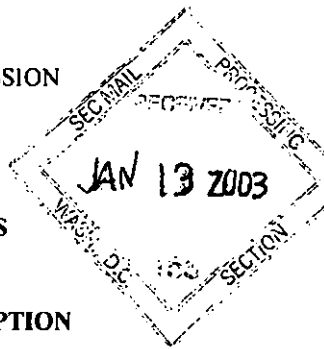


FORM D

12/415/
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, 2006
Estimated average burden
hours per response.... 16:00

SEC USE ONLY
Prefix Serial
DATE RECEIVED

BEST AVAILABLE COPY

786947

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

- (1) Offering of 5% Convertible Senior Secured Debentures ("Debentures") of Halsey Drug Co., Inc.
(2) Issuance of common stock ("Common Stock") of Halsey Drug Co., Inc. as part of recapitalization of certain Company warrants

PROCESSED

JAN 15 2003

Filing Under (Check box(es) that apply): ( ) Rule 504 ( ) Rule 505 (X) Rule 506 ( ) Section 4(6) ( ) ULOE

THOMSON FINANCIAL

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.)

HALSEY DRUG CO., INC.



03043790

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
695 No. Perryville Rd, Crimson Bldg. 2, Rockford, Illinois 61107 (815) 399-2060

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

Development, manufacture, sale and distribution of generic drugs and active pharmaceutical ingredients

Type of Business Organization

- (X) corporation ( ) limited partnership, already formed ( ) other (please specify):
( ) business trust ( ) limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month 04 Year 1935 (X) Actual ( ) Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: NY 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 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 may 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 result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Handwritten scribble

**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)

**GALEN PARTNERS III, L.P. together with affiliated entities**

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

610 Fifth Avenue, Fifth Floor, New York, New York 10020

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

Full Name (Last name first, if individual)

**ORACLE STRATEGIC PARTNERS, L.P.**

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

200 Greenwich Avenue, Third Floor, Greenwich, Connecticut 06830

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

Full Name (Last name first, if individual)

**REICHER, MICHAEL K.**

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

c/o Halsey Drug Co., Inc., 695 No. Perryville Road, Crimson Bldg. 2, Rockford, Illinois 61107

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

Full Name (Last name first, if individual)

**CLEMENS, PETER A.**

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

c/o Halsey Drug Co., Inc., 695 No. Perryville Road, Crimson Bldg. 2, Rockford, Illinois 61107

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

Full Name (Last name first, if individual)

**SUMNER, WILLIAM**

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

c/o Halsey Drug Co., Inc., 695 No. Perryville Road, Crimson Bldg. 2, Rockford, Illinois 61107

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

Full Name (Last name first, if individual)

**SKELLY, WILLIAM**

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

c/o Halsey Drug Co., Inc., 695 No. Perryville Road, Crimson Bldg. 2, Rockford, Illinois 61107

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

Full Name (Last name first, if individual)

SMITH, ALAN

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

21 Bedlow Avenue, Newport, Rhode Island 02840

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

Full Name (Last name first, if individual)

WESSON, BRUCE

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

c/o Galen Partners III, L.P., 610 Fifth Avenue, Fifth Floor, New York, New York 10020

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

Full Name (Last name first, if individual)

CONJEEVARAM, SRINI

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

c/o Galen Partners III, L.P., 610 Fifth Avenue, Fifth Floor, New York, New York 10020

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

Full Name (Last name first, if individual)

SHROFF, ZUBEEN

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

c/o Galen Partners III, L.P., 610 Fifth Avenue, Fifth Floor, New York, New York 10020

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

Full Name (Last name first, if individual)

LIFFMANN, JOEL

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

c/o Oracle Strategic Partners, L.P., 200 Greenwich Avenue, Third Floor, Greenwich, Connecticut 06830

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

Full Name (Last name first, if individual)

THANGARAJ, IMMANUEL

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

c/o Essex Woodlands Health Ventures V, 190 South LaSalle Street, Suite 2800, Chicago, Illinois 60603

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

Full Name (Last name first, if individual)

JERRY KARABELAS

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

c/o Care Capital Investments II, L.P., 47 Hulfish St., Suite 310, Princeton, NJ 08542

(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?..... No minimum investment required

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.

Full Name (Last name first, if individual)

MTS HEALTH PARTNERS, L.P.

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

MTS Health Partners, 45 Rockefeller Plaza, 9<sup>th</sup> Floor, New York, NY 10111

Name of Associated Broker or Dealer

Curtis Lane

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)

CIBC WORLD MARKETS CORP.

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

45 Lexington Avenue, New York New York 10017

Name of Associated Broker or Dealer

Peter J. Crowley

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 Exchange Offer .....	\$ 6,029,784 <sup>1</sup>	\$ 6,029,784 <sup>1</sup>
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ 35,000,000	\$ 26,384,699 <sup>2</sup>
Partnership Interests .....	\$ -0-	\$ -0-
Other (Specify) .....	\$ -0-	\$ -0-
<b>Total</b> .....	<b>\$ 41,029,784</b>	<b>\$ 32,414,483</b>

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 Purchasers
Accredited Investors .....	24	\$ 32,414,483
Non-accredited Investors .....	-0-	\$ -0-
<b>Total (for filings under Rule 504 only)</b> .....	<b>-0-</b>	<b>\$ -0-</b>

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 .....	N/A	\$ N/A
Regulation A .....	N/A	\$ N/A
Rule 504 .....	N/A	\$ N/A
<b>Total</b> .....	<b>N/A</b>	<b>\$ N/A</b>

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 .....	<input checked="" type="checkbox"/>	\$ 300
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ -0-
Legal Fees .....	<input checked="" type="checkbox"/>	\$ 495,000
Engineering Fees .....	<input type="checkbox"/>	\$ -0-
Sales Commissions (specify finders' fees separately) .....	<input checked="" type="checkbox"/>	\$ 500,000

<sup>1</sup> Value of 5,970,083 share of Common Stock issued pursuant to a recapitalization of certain Company warrants.

<sup>2</sup> Includes \$15,884,699 of outstanding 10% convertible notes (including accrued and unpaid interest) surrendered to the Company for the issuance of convertible debentures issued in this offering.

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

Other Expenses (identify) Accounting Fees, Legal Fees, Due Diligence

Total .....  \$ 1,035,300

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." ..... \$ 19,115,301<sup>3</sup>

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 .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Purchase of real estate .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>4,000,000<sup>4</sup></u>
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>7,000,000<sup>4</sup></u>
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) .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Repayment of indebtedness .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>128,535</u>
Working capital .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>7,986,766</u>
Other (specify): .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Column Totals .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>19,115,301</u>
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ <u>19,115,301</u>	

<sup>3</sup>Indicates "adjusted sales proceeds for the issuer" after deducting the principal and accrued interest under outstanding 10% convertible notes surrendered to the Company for the issuance of convertible debentures issued in this offering and the amount attributable to shares issued as part of a recapitalization of certain Company's warrants.

<sup>4</sup>In the event that the offering proceeds are less than \$19,115,301, the projected spending for these items will be reduced accordingly.

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) HALSEY DRUG CO., INC.	Signature 	Date January __, 2003
Name of Signer (Print or Type) By: Peter A. Clemens	Title of Signer (Print or Type) Peter A. Clemens Vice President and Chief Financial Officer	

ATTENTION

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 of such rule? Yes No

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 officers.
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 duty caused this notice to be signed on its behalf by the undersigned duty authorized person.

Issuer (Print or Type) HALSEY DRUG CO., INC.	Signature 	Date January __, 2003
Name of Signer (Print or Type) By: Peter A. Clemens	Title of Signer (Print or Type) Peter A. Clemens Vice President and 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**

1	2		3	4				5	
	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)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	5% Convertible Senior Secured Debentures and Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	<ul style="list-style-type: none"> <li>• \$27,245 attributable to offering of debentures and</li> <li>• \$150,606 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	2	<ul style="list-style-type: none"> <li>• \$27,245 attributable to offering of debentures and</li> <li>• \$150,606 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
CO									
CT		X	<ul style="list-style-type: none"> <li>• 3,685,956 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	1	<ul style="list-style-type: none"> <li>• 3,685,956 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
DE									
DC									
FL									
GA									
HI									
ID									

IL		X	<ul style="list-style-type: none"> <li>• \$5,000,000 attributable to offering of debentures and</li> <li>• \$215,445 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	6	<ul style="list-style-type: none"> <li>• \$5,000,000 attributable to offering of debentures and</li> <li>• \$215,445 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
IN									
IA									
KS									
KY		X	\$500,000	1	\$500,000	N/A	N/A		X
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									
MT									
NE									
NV									
NH									
NJ		X	<ul style="list-style-type: none"> <li>• \$5,000,000 attributable to offering of debentures and</li> <li>• \$524,213 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	4	<ul style="list-style-type: none"> <li>• \$5,000,000 attributable to offering of debentures and</li> <li>• \$524,213 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
NM									

NY		X	<ul style="list-style-type: none"> <li>• \$15,816,684 attributable to offering of debentures and</li> <li>• \$363,845 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	5	<ul style="list-style-type: none"> <li>• \$15,816,684 attributable to offering of debentures and</li> <li>• \$363,845 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
NC									
ND									
OH		X	<ul style="list-style-type: none"> <li>• \$8,603 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	1	<ul style="list-style-type: none"> <li>• \$8,603 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
OK									
OR									
PA		X	<ul style="list-style-type: none"> <li>• \$40,590 attributable to offering of debentures and</li> <li>• \$1,070,027 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	3	<ul style="list-style-type: none"> <li>• \$40,590 attributable to offering of debentures and</li> <li>• \$1,070,027 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
RI		X	<ul style="list-style-type: none"> <li>• \$11,088 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	1	<ul style="list-style-type: none"> <li>• \$11,088 attributable to shares issued as a result of recapitalization of Company's warrants</li> </ul>	N/A	N/A		X
SC									
SD									
TN									
TX									