FORM D



1166410

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 form 16.00

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Securimetrics, Inc Securimetrics								~recen
Filing Under (Check box(e	s) that apply):	☐ Rule 504	☐ Rule 505	⊠ Rule	506	☐ Section 4(6)	- Darbis (C)	CE99EN
Type of Filing: ☐ New	Filing 🗵 A	mendment						- 1 ≒
A Antological Talk Campillar	•		IDENTIFICATION	I DATA			APK	T 1 TOD9
 Enter the information re 	equested about th	e issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)								INANCIAL
Securimetrics, Inc.								HOUICAE
Address of Executive Offic	es	(Number and Stre	et, City, State, Zip Co	de) Tele	Telephone Number (Including Area Code)			
737 Arnold Drive, Suite E, Martinez, CA 94553 (800) 557-5549								
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)								
(if different from Executive Offices)								
Brief Description of Business								
Software development and sales								
Type of Business Organiza	tion					1/2/40	ं प्राची विशेषक	>>
⊠ corporation	□ li:	mited partnership, alre	eady formed		other (please specify): "	n a o wood	/
☐ business trust	□ <u>1i</u> :	mited partnership, to	be formed			The same		<i>}</i>
		-	Month	Year		<i>K.P.</i>	X 180 A	
Actual or Estimated Date of Incorporation or Organization: [0][5] [9][9] Actual Estimated 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]								
		,	G J			r - 101		

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. failure to file the appropriate federal notice will not result in a loss of an available state exemption uniè exemption is predicated on the filing of a federal notice.

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 di	rector of corpo	orate issuers and of corporate	gene	ral and managing partn	ers of partnership iss	uers;	and
· Each general and mana	aging p	artner of partn	ership issuers.					
Check Box(es) that Apply:			☐ Beneficial Owner	X	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, Barringer, James A.	if indi	vidual)						
			treet, City, State, Zip Code) Suite E, Martinez, CA 94	1553			•	
Check Box(es) that Apply:	□ P	romoter	☑ Beneficial Owner		Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, Douglas Secure Investr		,						
			treet, City, State, Zip Code) CA 94901, Attn: Tim McG	aw, I	Manager			
Check Box(es) that Apply:	□ P	Promoter	⊠ Beneficial Owner	×	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, Martinez, Orlando G.	if indi	vidual)			;			
			treet, City, State, Zip Code) Suite E, Martinez, CA 94	553				
Check Box(es) that Apply:		romoter	⊠ Beneficial Owner		Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, Peterson, Elizabeth	if indi	vidual)						
			treet, City, State, Zip Code) Suite E, Martinez, CA 94	553	, .			
Check Box(es) that Apply:	□ P	romoter	⊠ Beneficial Owner	X	Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, Peterson, Gregory E.	if indi	vidual)						·····
Business or Residence Addr c/o Securimetrics, Inc.,			treet, City, State, Zip Code) Suite E, Martinez, CA 94	553				
Check Box(es) that Apply:			⊠ Beneficial Owner		Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, Sutter, Curt A.	if indi	vidual)	1.70					<u></u>
Business or Residence Add			treet, City, State, Zip Code) Suite E, Martinez, CA 94	553				· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:		romoter	⊠ Beneficial Owner		Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, WHS Holdings LLC	if indi	vidual)						
Business or Residence Add			treet, City, State, Zip Code) ttn: Winthrop H. Smith,	Jr., C	Chairman			
Check Box(es) that Apply:	□ P	Promoter	☐ Beneficial Owner		Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)						
Business or Residence Add	ress (Number and S	treet, City, State, Zip Code)					
		(Use blank	sheet, or copy and use additi-	onal (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?						
Answer also in Appendix, Column 2, if filing under ULOE.						
2. What is the minimum investment that will be accepted from any individual?						
3. Does the offering permit joint ownership of a single unit?						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-						
sion 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)						
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				
	[ID] [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				
	[ID] [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]					
[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]					

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

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 \(\omega \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt\$ \$ 3,132,999.76 ☐ Common ☑ Preferred Series A-1 Convertible Securities (including)......\$__ \$ Partnership Interests\$ Other (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." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors _______12 \$ 3,132,999.76 Non-accredited Investors 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. Dollar Amount Type of Offering Type of Security Sold Rule 505 Rule 504 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 **⋈** \$ 23,000.00 Accounting Fees Engineering Fees. Sales and Commissions (specify finders' fees separately)..... Other Expenses (identify) □ \$___ Total 23,000.00 ⊠ \$

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

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	b. Enter the difference between the aggregate offering price 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." 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	o de la composition della comp	\$ <u>3,109,999.76</u>	
	Salaries and fees	Payments to Officers, Directors, & Affiliates	Payments to Others	
	Research and Development	\$	\$	
	Purchase, rental or leasing and installation of machinery and equipment	<u> </u>	\$	
	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		<u> </u>	
	Working capital and general corporate purposes	S	× \$ 2,434,999.76	
	Other (specify): Licensing Fee	⊠ \$	× \$ 600,000.00	
	Column Totals	⊠ \$ <u>75,000.00</u>	∑ \$ <u>3,034,999.76</u>	
	Total Payments Listed (column totals added)	× \$3,109,999.76		
	D. FEDERAL SIGNATURE			
ollo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If to by signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Ex st of its staff, the information furnished by the issuer to any non-accredited investor pursuant to part	change Commission	n, upon written re-	
	er (Print or Type) surimetrics, Inc. Signature	Da Ma	arch ³ , 2003	
	ne of Signer (Print or Type) nes A. Barringer Title of Signer (Print or Type) Secretary			

ATTENTION

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