## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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MMISSION	OMB AP	PROVAL
	OMB Number: Expires:	3235-0076 May 31,2005
	Estimated avera	ge burden

hours per response

SEC	USE ONLY
Prefix	Serial
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DAT	E RECEIVED
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16.00

Name of Offering ( check if this is an ar Common Stock and Warrants to Pu	nendment and name has changed, and indicate rchase Common Stock	change.)
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule	e 506
Type of Filing:	☐ Amendment	
71	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	the issuer	
Name of Issuer ( check if this is an amer	idment and name has changed, and indicate cha	ange.)
Cardima, Inc.		03056369
Address of Executive Offices	(Number and Street, City State, Zip Code)	Telephone Number (Including Area Code)
47266 Benicia Street, Fremont, CA	94538	(510) 354-0300
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	Like .	Z
Medical Devices		RECEIVED
Type of Business Organization	// NS	PROCESSE Specify) PROCESSE
□ corporation     □	☐ limited partnership, already formed	Other (please specify)
□ business trust	☐ limited partnership, to be formed	APR 21 200
	Month Year	
Actual or Estimated Date of Incorporation	or Organization: 1 1 9 2	NSON THOMSON STRANCIAL STRANCIAL
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S. Postal Service at	phreviation for State:
Delaware	CN for Canada; FN for other foreign ju	1111 🛏 1

### **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

Persons who respond to the collection of information contained in this form are not required to respond unless lişplays a currently valid OMB control number.

A. BASIC IDENTI	FICATION DATA		13.25	garent for an armin to the state of the stat
2. Enter the information requested of the following:				
<ul> <li>Each promoter of the issuer, if the issuer has been</li> </ul>	n organized within the past f	five years;		
• Each beneficial owner having the power to vote of of equity securities of the issuer;	or dispose, or direct the vote	or disposition	of, 10	% more of a class
<ul> <li>Each executive officer and director of corporate i partnership issuers; and</li> </ul>	ssuers and of corporate gen	eral and manag	ing pa	artners of
<ul> <li>Each general and managing partner of partnership</li> </ul>	p issuers.			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	□ Director		General and/or
——————————————————————————————————————	E Encount Officer	_ Director	_	Managing Partner
Full Name (Last name first, if individual)				
Jesse D. Erickson				
Business or Residence Address (Number and Street, City, State, Zi	p Code)			
c/o Cardima, Inc., 47266 Benicia Street, Fremont, CA 9453				
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Siskind, Lawrence J.		<u>. 19 - 14 - 14 - 14 - 1</u>	gari.	The state of the s
Business or Residence Address (Number and Street, City, State, Zi	p Code)			
c/o Cardima, Inc., 47266 Benicia Street, Fremont, CA 9453	<del> </del>		a San San	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Rodolfo C. Quijano, Ph.D.				
Business or Residence Address (Number and Street, City, State, Z	ip Code)			
c/o Cardima, Inc., 47266 Benicia Street, Fremont, CA 9453	38			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if individual)  Phillip C. Radlick, Ph.D.				
Business or Residence Address (Number and Street, City, State, Z	in Code)		r to year	
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c/o Cardima, Inc., 47266 Benicia Street, Fremont, CA 945.  Check Box(es) that Apply: □ Promoter □ Beneficial Owner.		☑ Director		General and/or Managing Partner
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·		Transagning I til til til
Gabriel B. Vegh				
Business or Residence Address (Number and Street, City, State, Z	ip Code)			
c/o Cardima, Inc., 47266 Benicia Street, Fremont, CA 945				
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	<del></del>	☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Victor J. Barajas			ry takan Tugʻilgi	
Business or Residence Address (Number and Street, City, State, Z	ip Code)			
c/o Cardima, Inc., 47266 Benicia Street, Fremont, CA 945	Africal of the Company of the Compan			e de la companya de La companya de la co

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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Ronald E. Bourquin					_
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
c/o Cardima, Inc., 4726	66 Benicia Stre	et, Fremont, CA 94538			
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Eric Chan					
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)	1	
c/o Cardima, Inc., 472	66 Benicia Stre	et, Fremont, CA 94538			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
William Wheeler					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
c/o Cardima, Inc., 472	66 Benicia Stre	et, Fremont, CA 94538			

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

	·	i i jiwa			B. 1N	FORI	MATIC	N AE	OUT OFF	ERING	The second secon			artis (1)
1.	Has th	e issuer so	ld, or does	the issuer	intend to s	ell, to	non-acc	redite	d investors i	n this offe	ring?	Yes		7o ⊠
		بن	•						2, if filing und					
2.	What	is the mini	mum inves	tment that	will be ac	cepted	from a	y ind	ividual?	***************************************		\$	n/a	
3.	Does	he offering	g permit jo	int ownersl	nip of a sir	ngle un	nit?					Yes		<b>√</b> 0 ⊠
4.	simila an ass or dea inform	r remunera ociated per ller. If monation for t	tion for so son or age ore than five hat broker	licitation o nt of a brol ve (5) pers or dealer o	f purchase ker or deal ons to be	ers in c er regi	onnecti stered v	on wit vith th	ill be paid on the sales of se e SEC and/o d persons of	curities in or with a st	the offerin	g. If a pos, list the	erson to be name of the	e listed is ne broker
Ful	l Name	(Last nam	e first, if in	ndividual)										
Bus	siness c	r Residenc	e Address	(Number a	and Street,	City, S	State, Z	ip Cod	le)	·				
Na	me of A	Associated	Broker or l	Dealer	77									
Sta			on Listed I						sers					11 Contra
А	(Chec	K "All Stat	es" or ched AZ □	k individu AR 🗖	al states) CA □	co I		т 🗆	DE 🗖	DC 🗖	FL 🖸	GA 🛘	⊔ A ∵ HI □	.II States ID □
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	т 🗖	NE 🗆	NV 🗆	NH 🔲	NJ 🗆	NM I		Y 🗆	NC 🗆	ND 🗆	он 🗖	ок 🗆	OR 🗆	PA 🗆
F	RI 🗆	sc 🗆	SD 🗖	TN 🗀	тх 🗖	UT		т	VA 🗆	WA 🗆	w 🗆	wı 🗆	wy 🗆	PR □
Ful	l Name	(Last nam	ne first, if i	ndividual)		·				<del> </del>				
Bu	siness o	or Residen	ce Address	(Number a	and Street,	, City,	State, Z	ip Coo	de)					
Na	me of A	Associated	Broker or	Dealer					-					
Sta			on Listed l						sers				П Д	all States
A	L 🗆	AK 🗆	AZ 🗖	AR 🗆	CA 🗆	СО		т 🗖	DE 🗖	DC 🗖	FL 🗖	GA □	н 🗖	ID 🗖
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M	IT 🗆	NE 🗖	NV 🗆	NH 🗆	NJ 🗆	NM		Y 🗆	NC 🗆	ND 🗆	он 🛘	ок 🗖	OR 🗆	РА □
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Fu	ll Nam	e (Last nar	ne first, if	individual)										
Ви		or Residen	ce Address	S (Number	and Street	, City,	State, 2	Lip Co	de)					
Na	me of	Associated	Broker or	Dealer			·							
St			son Listed						asers				🗆 🗸	All States
,	AL 🗆	AK 🗆	AZ 🗆	AR 🗆	CA 🗆	со		т 🗆		DC 🗖	FL 🗖	GA □	н 🗆 7	ID 🗆
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND	USE OF P	ROC	EEI	os
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 $\square$ and indicate in the columns below the amounts of the securities for exchange and already exchanged.		<b>.</b>			
	Type of Security	,	Aggregate Offering Pri		A	mount Already Sold
	Debt	\$			\$	
	Equity	\$	16,101,60	4.50	\$	6,236,220.0
	☑ Common ☐ Preferred				•	
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests	\$			\$	
	Other (Specify)					
	Total					
	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 the answer is "none" or "zero."		Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		13		\$	
	Non-accredited Investors				\$	0
	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.					
			Type of		I	Oollar Amount
	Type of Offering		Security			Sold
	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 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	••••		X	\$	40,000.00
	Accounting Fees				\$	
	Engineering Fees				\$	
	Sales Commissions				\$	
	Finder's Fees			X	\$	443,056.00
	Other Expenses (identify) Blue Sky			X	\$	1,000.00
	Total			X	\$	484.056.00

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	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, F	EXPEN	ISES	AND USE OF PI	OCE	EDS	<u> </u>
	b. Enter the difference between the aggregat Part C - Question 1 and total expenses furnish 4.a. This difference is the "adjusted gross process."	ned in response to Part	C – Q	uestic	on		\$	
5.	Indicate below the amount of the adjusted g proposed to be used for each of the purposes s is not known, furnish an estimate and check th total of the payments listed must equal the adj forth in response to Part C – Question 4.b above	shown. If the amount for the box to the left of the susted gross proceeds to	r any p estimat	ourpo e. Ti	se he			
					Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees		🗆	\$			\$	
	Purchase of real estate		🗆	\$			\$	
	Purchase, rental or leasing and installment of m	achinery and equipment	🗆	\$			\$	
	Construction or leasing of plant buildings and f	acilities	🗆	\$	·		\$	
	Acquisition of other businesses (including involved in this offering that may be used in ex	change for the assets or	•	<b>c</b>		_	Ф	
	securities of another issuer pursuant to a merger			\$		_ 🗖	\$	
	Repayment of indebtedness			\$		_ 🗆	\$	
	Working capital			\$		_ 🗷	\$	5,752,164.0
	Other (specify):			\$			\$	
	# 1 · · · · · · · · · · · · · · · · · ·		-					···
			🗆	\$		_ 🗆	\$	
	Column Totals		🗆	\$		×	\$	5,752,164.00
	Total Payments Listed (column totals added)		••		<b>×</b> \$	5 <u>, 7</u> 4	s 2,	164.00
		D. FEDERAL SIGN	NATU	RE.				
he wri	e issuer has duly caused this notice to be signed following signature constitutes an undertaking tten request of its staff, the information furnishle 502.	by the issuer to furnish	to the	e U.S	Securities and E	xchan	ge C	commission, upon
SS	uer (Print or Type)	Signature	, (	<b></b>	Da	te		
	Cardima, Inc.	Knold	2.180	eu		ril 11,	200	3
Na	me of Signer (Print or Type)	Title of Signer (Print or	Type)		<del></del>		_	
	Ronald E. Bourquin				nancial Officer and			

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

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