UNITED STATES ITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

03056560

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

OMB APPROVAL

OMB Number: 3235-0076

March 31, 1991 Expires:

Estimated average burden

hours per response

SI	EC ÚSE	ONLY	
Prefix			Serial

003

Name of Offering (check if this is an amen	dment and name has changed, and indicate change.)	A.A.	1400 0 -
Cemaphore Systems, Inc. Common Stock Fina		/ Supersimon	<u> </u>
Filing Under (Check box(es) that apply): □ Ri	ıle 504 □ Rule 505 🗷 Rule 506 □ Section 4(6) □	ULOE	The state of the s
Type of Filing:		1/ 1000 11	THOMSO
	A. BASIC IDENTIFICATION DATA	CALM SEL	OUS MANCH
1. Enter the information requested about the iss		la l	
Name of Issuer (check if this is an amendm	nent and name has changed, and indicate change.)	400	1953
Cemaphore Systems, Inc.		180/	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including	g Area Code)
900 Arastradero Road, Palo Alto, CA 94304		(650) 475-2090	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including	g Area Code)
(if different from Executive Offices)	<u> </u>		
Brief Description of Business			
Network software and services.		ϵ	
Type of Business Organization			
corporation	☐ limited partnership, already formed	☐ other (pleas	se specify):
□ business trust	☐ limited partnership, to be formed		. •
Actual or Estimated Date of Incorporation or C	Organization: Month April Year	2002 🗷 Actual	☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation f	or State:	
	CN for Canada; FN for other foreign jurisdi	ction) 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.

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 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 predicted 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 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) Pike, Tyrone F.		
Business or Residence Address (Number and Street, City, State, Zip Code) 900 Arastradero Road, Palo Alto, CA 94304		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	□ Director	☐ General and/or Managing Partner
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
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
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
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
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		,

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

					B. INFO	ORMATIC	N ABOU	T OFFER	RING				
1.	Has the is	suer sold,	or does the	issuer inte	nd to sell,	to non-acc	redited inv	estors in th	is offering?			Yes	No 🗷
			endix, Colu		•								
2. What is the minimum investment that will be accepted from any individual?									\$25	,000			
3.	Does the	offering pe	rmit joint o	wnership	of a single	unit?					•••••	Yes	No
4.	Enter the any comr the offeri SEC and listed are dealer on	information in information or mith a property of the contract	on request similar reservence to be state or st d persons	ed for eac nuneration e listed is ates, list to of such a	h person on for solic an associa he name of broker or	who has be itation of p ted person of the brok dealer, yo	een or will ourchasers or agent ker or deal u may set	be paid o in connect of a broke er. If mo forth the i	r given, dir tion with sa r or dealer re than five nformation	rectly or in ales of secu registered e (5) perso a for that b	directly, irities in with the ns to be roker or	X	
Full Na	me (Last na	me first, if	individual)						4.4			
	has been o			n, directly	or indirec	tly, any co	mmission	or similar i	remuneratio	n for solici	tation of pu	ırchasers iı	1 connectio
Busines	s or Reside	nce Addres	ss (Number	and Stree	t, City, Sta	te, Zip Coo	le)						
Name o	f Associate	d Broker o	r Dealer				-						· · · · · · · · · · · · · · · · · · ·
State in	Which Pers												All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[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]	[ID] [MO] [PA] [PR].
Full Na	me (Last na	me first, if	individual)									
Busines	s or Reside	nce Addres	ss (Number	and Stree	t, City, Sta	te, Zip Coc	le)						
Name o	f Associate	d Broker o	r Dealer				***************************************						
State in	Which Pers												All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[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]	[ID] [MO] [PA] [PR]
Full Na	me (Last na	me first, if	individual)			-			,			
Busines	s or Reside	nce Addres	ss (Number	and Stree	t, City, Sta	te, Zip Cod	le)						
Name o	f Associate	d Broker o	r Dealer	:			-						
State in	Which Pers												All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[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]	[ID] [MO] [PA] [PR]

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

(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 of 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	\$480,000.00	\$480,000.00
	☑ Common ☐ Preferred	•	,,
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$480,000.00	\$480,000.00
	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
Accre	edited Investors	6	\$480,000.00
Non-a	accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	N/A
	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.	,	
	Not Applicable.		
	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
	Total	N/A	N/A
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		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	×	\$5,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)	· 🗖	\$0
	Total	×	\$5,000

1.

	 Enter the difference bet Question 1 and total expenses f difference is the "adjusted gross 				\$475,000.00
5.	Indicate below the amount of the used for each of the purposes sho estimate and check the box to the equal the adjusted gross proceeds above.	wn. If the amount for any purpose left of the estimate. The total of	ose is not known, furnish an of the payments listed must		
	•			Payments to Officers, Directors, & Affiliates	Payments To Others
Salarie	s and fees	••••••	🗖	\$0 □	\$0
Purcha	se of real estate	•••••		\$0 □	\$0
Purcha	se, rental or leasing an installation of	of machinery and equipment		\$0 □	\$0
Constru	action or leasing of plant buildings	and facilities		\$0 □	\$0
	ition of other businesses (including				
	g that may be used in exchange for bursuant to a merger)			\$0 □	\$0
_	nent of indebtedness			\$0 □	\$0
	g capital			\$0 x	\$475,000.00
	specify) Operating expenses	•			22,200.00
(eo -	•
				\$0 □	\$0
	n totals			\$0 E	\$475,000.00
Total P	ayments Listed (column total added	l)	Ц	-\$0 ☒	\$475,000.00
		D. FEDERAL	SIGNATURE		
signatu	uer has duly caused this notice to b re constitutes an undertaking by the ation furnished by the issuer to any	issuer to furnish to the U.S. Sec	curities and Exchange Commis	ssion, upon written reque	
	Print or Type)	Signature By: Make		Date 3/19/9	(3
	hore Systems, Inc. of Signer (Print or Type)	By: // Title of Signer (Print or	·Timo)	0/11/9	
Name (of Signer (Film of Type)	Title of Signer (Finit of	Type)		
Tyrone	F. Pike	President and Chief Exc	ecutive Officer		
		ř			

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.

E. STATE SIGNATURE

1.		, (d), (e) or (f) presently subject to any of the	Yes	No
	disqualification provisions of such rule?	<u>.</u>		X
	See Appendix, 6	Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in wl by state law.	hich this notice i	s filed, a notice on Form D
3.	The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written rec	quest, informatio	n furnished by the issuer to
4.		ssuer is familiar with the conditions that must be sat in which this notice is filed and understands that at these conditions have been satisfied.		
	e issuer has read this notification and knows the lersigned duly authorized person.	ne contents to be true and has duly caused this notice	to be signed on	its behalf by the
Iss	uer (Print or Type)	Signature	Date	
Ce	naphore Systems, Inc.	By: Mile	3/19	1/03
Na	ne (Print or Type)	Title (Print or Type)		

President and Chief Executive Officer

Tyrone F. Pike

APPENDIX

1	Intend non-ac investor	to sell to ceredited in State 1-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of it	nvestor and hased in State 3-Item 2)		Disquali under State yes, attach e o waiver g	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Common Stock \$480,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL		X	Same as above	0		0			x	
AK		X	Same as above	0		0			X	
AZ		X	Same as above	0		0			х	
AR		X	Same as above	0		0			X	
CA		Х	Same as above	5	\$315,000	0			Х	
СО		X	Same as above	0		0			X	
СТ		X	Same as above	0		0			X	
, DE		X	Same as above	0		0			X	
DC		Х	Same as above	0		0			х	
FL		Х	Same as above	0		0			X	
GA		X	Same as above	0		0			x	
HI		X	Same as above	0		0			X	
ID		Х	Same as above	0		0			Х	
IL		Х	Same as above	0		0			·X	
IN		Х	Same as above	0		.0			х	
IA		X	Same as above	0		0			. X	
KS		X	Same as above	0		0			Х	
KY		Х	Same as above	0		0			х	
LA		X	Same as above	0		0			X	
ME		Х	Same as above	0		0			Х	
MD		X	Same as above	0		0			X	
MA		X	Same as above	1	\$165,000	0			X	
MI		X	Same as above	0	,	0			X	
MN		X	Same as above	0		0			X	
MS		X	Same as above	0		0			X	
МО		X	Same as above	0	<u>. </u>	0			X	

APPENDIX

1	Intend non-ac investor	to sell to ceredited is in State	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	Common Stock \$480,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT		X	Same as above	0		0			- X -	
NE		X	Same as above	0		0			X	
NV		X	Same as above	0		0 '			X	
NH		X	Same as above	0		0			Χ.	
NJ		X	Same as above	0		0			Х	
NM		X	Same as above	0		0		<u> </u>	Х	
NY		Х	Same as above	0		0			X	
NC		Х	Same as above	0		0			Х	
ND		X	Same as above	0		0			X	
ОН		Х	Same as above	0		0			X	
OK		X	Same as above	0		0			X	
OR		Х	Same as above	0		0			X.	
PA		X	Same as above	0		0			X	
RI		Х	Same as above	0		0			Х	
SC		X	Same as above	0		0			Х	
SD	,	X	Same as above	0		0			Х	
TN		X	Same as above	0		0			X	
TX		X	Same as above	0		0			· X	
UT		X	Same as above	0		0			X	
VT		X	Same as above	0		0			X	
VA		X	Same as above	0	· · · - ·	0			X	
WA		X	Same as above	0	· -	0			X	
WV		X	Same as above	0		0			X	
WI		X	Same as above	0	······································	0			X	
WY		X	Same as above	0		0			Х	
PR		X	Same as above	0		0			X	