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

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OMB Number: 3235-0076 Expires: May 31, 2002

Estimated average burden hours per response: 16.00

SEC USE ONLY								
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DATE RECEIVED								

Name of Offering (\square check if this is an amendment and name has changed Two Sigma U.S. Fund, LP	d, and indicate change.)					
Filing Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506 Sec	tion 4(6) ULOE				
Type of Filing: X New Filing: Washington Amendment						
A. BASIC I	DENTIFICATION I	DATA				
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, Two Sigma U.S. Fund, LP. (the "Fund")	and indicate change.)		03058217			
Address of Executive Offices (Number and Street, City, Sta 379 West Broadway, New York, NY 10012	ite, Zip Code)	Telephone Number (Including 212-625-5731	Area Code)			
Address of Principal Business Operations (Number and Street, City, Statistical Grant City, Statistical	ite, Zip Code)	Telephone Number (Including	Area Code)			
Brief Description of Business	·					
The Fund will invest in Two Sigma Fund, LP, the master fund, which will	invest primarily in highly-h	edged equity or equity linked de	rivatives investment strategies.			
Type of Business Organization corporation Elimited partnership, already formed business trust limited partnership, to be formed	other (please specify)):	PROCESSED			
M	onth Year		AMAN -			
Actual or Estimated Date of Incorporation or Organization:	3 0 2	■ Actual Estimated) "AT 07 2003			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Post		State: D E	MOMO			
CN for Canada; FN for oth	er toreign jurisdiction)		FINANCIAL			

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 federa

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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			DENTIFICATION DATA		
2. Enter the information req	uested for the follo	wing:			
 Each promoter of the 	ne issuer, if the issue	er has been organized within	n the past five years;		
Each beneficial own	ner having the powe	er to vote or dispose, or dire	ct the vote or disposition of,	10% or more of a	class of equity securities of the issuer;
	•	•	oorate general and managing		• •
		•	porate general and managing	s partiters of partiter	strip issuers, and
Each general and m	nanaging partner of p	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if Two Sigma Advisers, LP (the	•				
Business or Residence Address 379 West Broadway, New Yor	•	et, 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 Two Sigma Principals, LLC (th		of the General Partner")		**************************************	
Business or Residence Address 379 West Broadway, New Yor		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner**
Full Name (Last name first, if Overdeck, John A.	individual)				
Business or Residence Address 379 West Broadway, New Yor		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner**
Full Name (Last name first, if Siegel, David M.	individual)				
Business or Residence Address 379 West Broadway, New York		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner**
Full Name (Last name first, if Pickard, Mark	individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address 379 West Broadway, New York		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner**
Full Name (Last name first, if Tudor Global Trading LLC	individual)				
Business or Residence Address 1275 King Street, Greenwich, C		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Paul Tudor Jones	individual)				
Business or Residence Address 92 Harbor Drive, Greenwich, C	,	et, City, State, Zip Code)			
* of the General Partner ** M	lember of the Gener	al Partner of the General Pa	artner	*************	

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

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 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 X Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Tudor Arbitrage Partners, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1275 King Street, Greenwich, CT 06831 Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) **CDC Financial Products** Business or Residence Address (Number and Street, City, State, Zip Code) 9 West 57th Street, 36th Floor, New York, NY 10019 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 General and/or Managing Partner Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter 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)

					B. INF	ORMATIC	ON ABOU	r offeri	NG					
· · · · · · · · · · · · · · · · · · ·		-		· · · · · · · · · · · · · · · · · · ·								-	Yes	No
1. Has	the issuer sold	l, or does th	e issuer int	end to sell,	to non-accr	edited inve	stors in this	offering?						X
				Ans	swer also in	Appendix,	Column 2,	if filing un	der ULOE.					
2. Wha	it is the minim	um investm	ent that wi	ll be accept	ed from any	individual	?						\$10,000	,000*
	e General Par subscription a													he s No
3. Does	s the offering	permit joint	ownership	of a single	unit?			••••••			***************************************	•••••		
solic regis	er the informat citation of pure stered with the ter or dealer, y	hasers in co SEC and/o	onnection v r with a sta	vith sales of te or states,	securities i list the nan	n the offerine of the br	ng. If a persoker or dea	son to be lis ler. If more	ted is an as	sociated pe	rson or age	nt of a brok	er or dealer	such a
Full Name	(Last name i	first, if indiv	vidual)		·									
					A									
Business of	or Residence A	Address (Nu	mber and S	Street, City,	State, Zip (Code)								
Name of A	Associated Bro	ker or Deal	er											
States in V	Vhich Person	Listed Use 9	Solicited or	Intends to	Solicit Dura	hocers	_							
	ck "All States												□ All Sta	tec
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Name	(Last name fi	rst, if indiv	idual)								,			
Business o	or Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)			,					
Name of A	ssociated Bro	ker or Deal	er											
States in V	Vhich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers	_							
(Che	ck "All States	or check i	ndividual S	tates)				•••••					☐ All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[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 f	ïrst, if indiv	ridual)											
Business of	or Residence A	ddress (N)	mber and S	Street, City	State, Zin	Code)	_							
		(-11		,	, _F	,								
Name of A	associated Bro	ker or Deal	er											
States in V	Vhich Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers							·	
(Che	ck "All States	or check in	ndividual S	tates)	***************************************			•••••••••••••••••••••••••••••••••••••••			***************************************	•••••	☐ All Stat	es
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[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]		
ſŖIJ	ISC1	[SD]	[TN]	[TX]	HITI	(VT)	[VA]	[WA]	rwvi	rwn	(WY)	[PR]		

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. Amount Already Type of Security Aggregate Offering Price Sold Debt \$0 Equity ☐ Common □ Preferred Convertible Securities (including warrants) \$0 \$500,000,000 Partnership Interests. \$267,212,393)...... \$0 Other (Specify Total \$500,000,000 \$267,212,393 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 Number Dollar Amount Investors of Purchases Accredited Investors 14 \$267,212,393 Non-accredited Investors n \$0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 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 Dollar Amount Security Sold Type of offering Rule 505..... Regulation A.... Rule 504 Total 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 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) □ \$0 Other Expenses (identify) Total X \$200,000*

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

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Investment Manager will pay for formation expenses above such amount.

* The Fund with Two Sigma Cayman Fund, Ltd., will pay or reimburse the Investment Manager and its affiliates an aggregate of up to \$400,000 for legal and other organizational expenses incurred in their respective formation, and the offering of interests in the Fund. The

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."					
Indicate below the amount of the adjusted gross proceeds to the issue amount for any purpose is not known, furnish an estimate and check must equal the adjusted gross proceeds to the issuer set forth in response	the box to the left of the estimate. The to				
		Payments to Officers, Directors, & Affiliates	Payments To Others		
Salaries and fees		X \$12,500,000*	□\$		
Purchase of real estate		□\$	□\$		
Purchase, rental or leasing and installation of machinery and equi	pment	\$	□\$		
Construction or leasing of plant buildings and facilities		□\$	□\$		
Acquisition of other businesses (including the value of securities used in exchange for the assets or securities of another issuer purs		□\$	□\$		
Repayment of indebtedness		0\$	□\$		
Working capital		□ \$	□\$		
Other (specify): Investments		X \$487,300,000	□\$		
		□\$	O\$		
Column Totals		X \$499,800,000	□\$		
Total Payments Listed (columns totals added)		X \$499,800,000			
D.E.	EDERAL SIGNATURE				
the issuer has duly caused this notice to be signed by the undersigned dulundertaking by the issuer to furnish to the U.S. Securities and Exchangin-accredited investor pursuant to paragraph (b)(2) of Rule 502.	y authorized person. If this notice is filed	under Rule 505, the follow staff, the information furn	ring signature constitutes ished by the issuer to an		
suer (Print or Type)	Signature	Date	/		
vo Sigma U.S. Fund, LP	Month	4/2	NO3		
ame of Signer (Print or Type)	Title of Signer (Print or Type)	•			
ark Pickard	Member of Two Sigma Principals, LLC		vo Sigma Advisers, LP,		

* Estimate of first year's management fee.

ATTENTION

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