FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION ENED Washington, D.C. 20549

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SEC USE ONLY

DATE RECEIVED

Serial

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

PURSUANT TO REGULATION D

FORM D

NOTICE OF SALE OF SECURIT

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Series AA Preferred Stock and the Common Stock issuable upon conversion thereof; exchange of Series A Preferred Stock, Series B Preferred Stock, Series C Preferred Stock, Series D Preferred Stock, Series E Preferred Stock and Series F Preferred Stock for Series A-1 Preferred Stock, Series B-1 Preferred Stock, Series C-1 Preferred Stock, Series D-1 Preferred Stock, Series E-1 Preferred Stock and Series F-1 Preferred Stock, respectively, and the Common Stock issuable upon conversion thereof

1 1 1 1 telef ted 8 to eld, 1 tespectively, and the Common 8 to	til issuesit apoli	tom thereof		
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505	X Rule 506	Section 4(6)	☐ ULOE
Type of Filing: New Filing				
A. I	BASIC IDENTIFI	CATION DATA		
1. Enter the information requested about the issuer.				
Name of Issuer (check if this is an amendment and name vertical networks incorporated	ne has changed, and	l indicate change.)		
Address of Executive Offices (Number and Street, City, Sta 1148 East Arques Avenue, Sunnyvale, CA 94085	ate, Zip Code)		Telephone Numb 408-523-9700	per (Including Area Code)
Address of Principal Business Operations (Nur (if different from Executive Offices) Same as above	mber and Street, Ci	ty, State, Zip Code)	Telephone Numb	er (Including Area Code)

Brief Description of Business

Provider of integrated voice and data communication platforms containing software and hardware components

Type of Business Organization					RUGLUUL
corporation	limited partnershi	X .	other (please spec	ify):	/
business trust	limited partnershi	p, to be formed			MAY 07 2003.
		Month Year			
Actual or Estimated Date of Incorpora	ation or Organization:	0 6 9 6	🛛 Actual	Estimated	THOMSON
Jurisdiction of Incorporation or Organ	ization: (Enter two-l	letter U.S. Postal Service A	Abbreviation for State:		Financial

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.

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 in 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 the form displays a currently valid OMB control number.

> > Page 1 of 8

SEC 1972 (6-02)

	Maria de la compania	A. BASIC IDENT	IFICATION DATA		
2. Enter the information r	equested for the fo	llowing:			
		has been organized within the p	past five years;		
			vote or disposition of, 10% or a		•
		= -	general and managing partners	of partnership issue	ers; and
• Each general and ma	anaging partner of pa	rtnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Fraser, Alan I.	if individual)				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)		
c/o Vertical Networks, Inc					
Check Box(es) that Apply:	Promoter	Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, Pickett, Scott K.	if individual)				
Business or Residence Addr	ess (Number and S	Street, City, State, Zin Code)		
c/o Vertical Networks, Inc		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
			Z Executive officer		Managing Partner
Full Name (Last name first,	it individual)				
Sinclair, Douglas S.		3 6: . 6 5: . 6. 1			
Business or Residence Addr	,	•			
c/o Vertical Networks, Inc	_				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Flach, James					
Business or Residence Adda	ress (Number and S	Street, City, State, Zip Code)		
c/o Accel Partners, 428 Un	niversity Avenue, l	Palo Alto, CA 94301			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Harvey, Kenneth	,				
Business or Residence Addr	ress (Number and S	Street, City, State, Zip Code)		
c/o Household Internation					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				managing 1 diffici
Kimball, Richard	II mai riduai /				
Business or Residence Addr	ress (Number and S	Street City State Zin Code)		
c/o Technology Crossover					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				ivianagnig i aithei
·	n marviduar)				
Siegelman, Russell	raca (Number of 1	Street City State 7:- 0-1-	<u> </u>		
Business or Residence Add					
c/o Kleiner Perkins Caufie					
(Use blank sheet, or copy ar	na use additional c	opies of this sheet, as necess	sary)		

A. BASIC IDENTI	FICATION 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 Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)						
Colfax Trust Dated 12/3/1998						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o 127 Laurel Avenue, Menlo Park, CA 94025						
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)						
Accel V, Limited Partnership and affiliated entities						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o Accel Partners, 428 University Avenue, Palo Alto, CA 94301						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)						
Kleiner Perkins Caufield & Byers VIII, Limited Partnership and affiliated entities						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o Kleiner Perkins, 2750 Sand Hill Road, Menlo Park, CA 94025						

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

B. INFORMATION ABOUT OFFERING												
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.								Yes	No			
2. What i	s the minim	um investm	ent that will	be accepte	ed from any	individual	?					N/A
3. Does th	ne offering _l	permit joint	ownership (of a single	unit?	•••••					Yes	No □
commi offerin with a								es in the EC and/or		<i>t.</i>		
Full Name (Last name	first, if indiv	idual) N	// A								
Business or	Residence .	Address (Ni	ımber and S	treet, City	State, Zip	Code)				, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
Name of As	sociated Br	oker or Dea	ler									
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pure	chasers						
(Check "	All States"	or check inc	lividuals Sta	ates)		••••••					🔲 А	ll 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 indiv	idual) N /	'A					***			
Business or	Residence	Address (N	ımber and S	Street, City	, State, Zip	Code)						
Name of As	ssociated Br	oker or Dea	ler									
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check "	All States"	or check inc	lividuals Sta	ates)					•••••		🔲 А	Il 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) N/A												
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 individuals States)						🗀 A	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 PRO	CEEDS	
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	\$	\$
	Equity	\$ 5,000,000.00	\$ 5,000,000.00
	☐ Common ☑ Preferred	\$	\$
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
		\$ 5,000,000.00	\$ 5,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	3,000,000.00	Ψ 3,000,000.00
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 Investors	Dollar Amount of Purchase
	Accredited Investors	78	\$ 5,000,000.00
	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.	f	Dollar Amount
	Type of Offering	Type of 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 insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	/	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 50,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ 50,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Qu total expenses furnished in response to Part C — Question 4.a. This difference is the "ad proceeds to the issuer."	ljusted gross	\$ <u>4,950,000.00</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used of the purposes shown. If the amount for any purpose is not known, furnish an estimate and club to the left of the estimate. The total of the payments listed must equal the adjusted gross processuer set forth in response to Part C — Question 4.b above.	heck the box	
	Payments to Officers, Directors & Affiliates	& Payments to Others
Salaries and fees	\$	_ 🗆 \$
Purchase of real estate	\$	_ 🗆 \$
Purchase, rental or leasing and installation of machinery and equipment	\$	_ 🗀 \$
Construction or leasing of plant buildings and facilities	\$	_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that is be used in exchange for the assets or securities of another issuer pursuant to a merger)		_ 🗆 \$
Repayment of indebtedness	\$	_ 🗆 \$
Working capital	\$	⋈ \$ 4,950,000.00
Other (specify):		
	\$	_ 🗆 🕸
Column Totals	\$	□ \$ <u>4,950,000.00</u>
Total Payments Listed (column totals added)	🛛 <u>\$ 4</u>	,950,000.00

FEDER		

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 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.

	/ /78/	
Issuer (Print or Type)	Signature	Date
Vertical Networks Incorporated	1 (Mach	4/28/2003
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Douglas S. Sinclair	Chief Financial Officer	

ATTENTION

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