UNITED STATES SECURITIES EXCHANGE COMMISSION

Washington D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response....16.00

FORM D



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

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
- 1	ł						

Name of Offering (check if this is an amendment and name has changed, and indicate ch	hange.) $\int \int \int d^2 x dx$						
Perseus Holdings, E.L.C. – Units of Limited Liability Company Interests							
Filing Under (Check box(es) that apply \(\subseteq \text{Rule 504} \subseteq \text{Rule 505} \subseteq \text{Rule 506} \subseteq \text{S}	Section 4(6) ULGE						
Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)							
Perseus Holdings, L.L.C.							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code):						
2099 Pennsylvania Avenue, Suite 900, Washington, D.C. 20006	(202) 452-0101						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code):						
(if different from Executive Offices)							
	(88) (88 (88 (88) 86)) BIO						
Brief Description of Business							
Investment and Financial Services.							
Type of Business Organization	03059295						
	_						
Corporation limited partnership, already formed	other (please specify): limited liability						
☐ Business trust ☐ limited partnership, to be formed	company, already formed						
Month Year	DDUCESSED						
Actual or Estimated Date of Incorporation or Organization: $0 \mid 7 \mid 0 \mid 3 \mid \boxed{x}$ Actu	al Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation fo	al Estimated AUG 21 2003						
CN for Canada; FN for other foreign jursidic	cation) DE AUG 21 2003						

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 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 h

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)
Baldwin, Geoffrey D.
Business or Residence Address (Number and Street, City, State, Zip Code)
150 California Street, San Francisco, CA 94111
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Carter, Todd J.
Business or Residence Address (Number and Street, City, State, Zip Code)
150 California Street, San Francisco, CA 94111
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Johnson, James A.
Business or Residence Address (Number and Street, City, State, Zip Code)
2099 Pennsylvania Avenue, Suite 900, Washington, D.C. 20006
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Maginn, Jr., Robert A.
Business or Residence Address (Number and Street, City, State, Zip Code)
5 Cambridge Center, 11 th Floor, Cambridge, MA 02139
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner of Issuer
Full Name (Last name first, if individual)
Newton III, Ray E.
Business or Residence Address (Number and Street, City, State, Zip Code)
2099 Pennsylvania Avenue, Suite 900, Washington, D.C. 20006
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Pearl, Frank H.
Business or Residence Address (Number and Street, City, State, Zip Code)
2099 Pennsylvania Avenue, Suite 900, Washington, D.C. 20006
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Socha, Kenneth M.
Business or Residence Address (Number and Street, City, State, Zip Code)
2099 Pennsylvania Avenue, Suite 900, Washington, D.C. 20006

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

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)						
Perseus Group Investors, L.L.C.						
Business or Residence Address (Number and Street, City, State, Zip Code) 2099 Pennsylvania Avenue, Suite 900, Washington, D.C. 20006						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)						
Tun Pame (East name mist, it marvioual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
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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, 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						
Full Name (Last name first, if individual) Managing Partner						
ruii Name (Last name first, ii individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Business of Residence Address (Trumber and Sirect, City, State, Zip Code)						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or						
Managing Partner of Issuer						
Full Name (Last name first, if individual)						
Full Name (Last name first, if individual)						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)						
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						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING												
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes No			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									<u>\$ N/A</u> Yes No			
3. Do	es the offeri	ng permit jo	oint owners	hip of a sing	gle unit?							🛛 🔲
4. En											ion 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) N/A												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States i	n Which Per	son Listed F	Has Solicite	d or Intends	s to Solicit F	urchasers	· · · · · · · · · · · · · · · · · · ·	***	<u></u>			· · · ·
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual 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 Na	me (Last nai	ne first, if it	ndividual)									····
Busines	s or Residen	ice Address	(Number a	nd Street, C	ity, State, Z	ip Code)	****					
Name o	f Associated	Broker or 1	Dealer	<u></u>								· · · · · · · · · · · · · · · · · · ·
States in	n Which Per	son Listed F	Has Solicite	d or Intends	to Solicit P	urchasers						
(Check	"All States"	or check in	dividual Sta	ates)							[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] 4	[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 Na	me (Last nar	me first, if ir	ndividual)									<u> </u>
Busines	s or Residen	ce Address	(Number at	nd Street, C	ity, State, Z	ip Code)						
Name of Associated Broker or Dealer												
States in	Which Pers	son Listed F	Ias Solicited	d or Intends	to Solicit P	urchasers				<u> </u>		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual 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 PROCEEDS

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	Amount Already
		Offering Price	Sold
	Debt Equity		<u>\$</u> \$
	Common Preferred	. Φ	.
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Other (Specify): Capital Units (limited liability company interests)(*)		\$ 9,000,000
	Total	.\$	\$
	The described Capital Units were issued in consideration of certain cash capital contributions and come future. In addition, 230.7692 Management Share Units were issued in consideration of services provide 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 of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 9,000,000
	Non-Accredited Investors		\$ 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
2	••		
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.		
	Town of Official	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation ARule 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		∑ \$ 200,000
	Accounting Fees		□ \$
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		□ <u>\$</u>
	Total		\$ 200,000

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXE	PENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C – proceeds to the issuer."	Question 4.a. This difference	is the "adjusted gross		\$ 8,800,000 (*)
	(*) Only a portion of the \$9,000,000 in capital commitments will be made from time-to-time:	commitments has been paid to	the Issuer as of the date h	ereof. The rema	
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for any puthe box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part C	oceeds to the issuer used or propurpose is not known, furnish at the payments listed must equ	oposed to be used for an estimate and check		
				Payments to	
				Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$	\$
	Purchase of real estate] \$	☐ \$
	Purchase, rental or leasing and installation of n	nachinery and equipment	[] \$	\$
	Construction or leasing of plant buildings and it	facilities		\$	\$
	Acquisition of other businesses (including the Offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another			□ \$
	Working capital			\$	\$ 8,800,000
	Other (specify)				
				\$	□ \$
	Column Totals			•	№ \$ <u>8,800,000</u>
	Total Payments Listed (column totals added)			\$ 8,8	00,000
		D. FEDERAL SIGNATUL	RE		
ign	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to furnation furnished by the issuer to any non-accredited	nish to the U.S. Securities and	Exchange Commission,		
ssu	er (Print or Type)	Signature	<i>B</i> .	Date	
	eus Holdings, L.L.C.	Kennell	M. Soch	August 2	<u>0</u> , 2003
Jan	ne of Signer (Print or Type)	Title of Signer (Print or Ty	ype)		····
(en	neth M. Socha	Executive Vice President			

-ATTENTION-

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