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

**PECEIVE** 

OMB NUMBER: November 30, 2001 Estimated average burden

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### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION DAUG 1 8 2003

SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment and name has changed, and indicate changed Offering of Convertible Promissory Notes, Warrants to Purchase Common Stock, and	
upon conversion of such Convertible Promissory Notes and Warrants	d shares of Common Stock issuable
Filing Under (Check box(es) that apply):	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	·
1. Enter the information requested about the issuer	
Name of Issuer ( Check if this is an amendment and name has changed, and indicate change.)  Athenium, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)  16 Sutton Place, Weston, Massachusetts 02493	Telephone Number (Including Area Code) (781) 893-9448
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSE
Developer of software applications	
Type of Business Organization    Corporation   Ilmited partnership, already formed   O	other (please specify): AUG 1 9 2003
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for SCN for Canada; FN for other foreign jurisdiction)	Actual Estimated
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulet seq. or 15 U.S.C. 77d(6)	ation D or Section 4(6), 17 CFR 230.501
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offer Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or certification.	address given below or, if received at that
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 massigned must be photocopies of the manually signed copy or bear typed or printed signatures.	anually signed. Any copies not manually
Information Required: A new filing must contain all information requested. Amendments need only any changes thereto, the information requested in Part C, and any material changes from the informat 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 adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition the proper amount shall accompany this form. This notice shall be filed in the appropriate states in act the notice constitutes a part of this notice and must be completed  ATTENTION	with the Securities Administrator in each on to the claim for the exemption, a fee in
ailure to file notice in the appropriate states will not result in a loss of	•

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.

such exemption is predicated on the filing of a federal notice.

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# 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
  - 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 Own	ner Executive Office	Director	General and/or
Full Name (Last name first, if	individual)				Managing Partr
Dornbush, Charles					
Business or Residence Addres C/o Athenium, Inc., 16 Su Check Boy(es) that Ambus	S (Numl	ber and Street, City, Stat	e, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	er	Director	<u> </u>
Full Name (Last name first, if	individual)				General and/or Managing Partne
Dornbush, Sharon					
Business or Residence Address	Numb	er and Street, City, State	7in C 1 \		
Check Boy(es) that And	tton Place, Westor	i, Massachusetts 024	, Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owne	Executive Officer	□ Director	Пс
Full Name (Last name first, if it	ndividual)				General and/or Managing Partne
Sokoloff, Kiril					
Business or Residence Address C/o Athenium, Inc., 16 Sue	(Numbe	r and Street, City, State,	Zip Code)		
C/o Athenium, Inc., 16 Sut Check Box(es) that Apply:	Promoter	, Massachusetts 0249			
		Beneficial Owner	☐ Executive Officer	Director	General and/or
Oll Name / lost name C					3 4 4
Full Name (Last name first, if in	dividual)				Managing Partner
	dividual)				Managing Partner
Williams, Jo Ann					Managing Partner
Williams, Jo Ann Business or Residence Address	Olumbor	and Street, City, State, 2	Zip Code)		Managing Partner
Williams, Jo Ann Business or Residence Address Co Athenium, Inc., 16 Sutt	(Number	and Street, City, State, 2 Massachusetts 0249	Zip Code)		Managing Partner
Williams, Jo Ann Business or Residence Address C/o Athenium, Inc., 16 Sutt	Olumbor	and Street, City, State, 2  Massachusetts 0249.  Beneficial Owner	3	Director	
Williams, Jo Ann Business or Residence Address Co Athenium, Inc., 16 Sutt. Theck Box(es) that Apply	(Number on Place, Weston,	Massachusetts 0249.	Zip Code)  3  Executive Officer	Director	☐ General and/or
Williams, Jo Ann Business or Residence Address C/o Athenium, Inc., 16 Sutte Check Box(es) that Apply ull Name (Last name first, if ind	(Number on Place, Weston,	Massachusetts 0249.	3	Director	
Williams, Jo Ann Business or Residence Address C/o Athenium, Inc., 16 Sutte Theck Box(es) that Apply ull Name (Last name first, if ind Inderson, Curt	(Number on Place, Weston,	Massachusetts 0249.	3	Director	☐ General and/or
Business or Residence Address C/o Athenium, Inc., 16 Sutto Check Box(es) that Apply:  ull Name (Last name first, if ind Inderson, Curt usiness or Residence Address	(Number on Place, Weston,  Promoter Promoter	Massachusetts 0249.  Beneficial Owner	Executive Officer	Director	☐ General and/or
Business or Residence Address Clo Athenium, Inc., 16 Sutto Check Box(es) that Apply ull Name (Last name first, if ind Inderson, Curt usiness or Residence Address /o Athenium, Inc., 16 Sutto	(Number on Place, Weston, Promoter lividual)  (Number on Place, Weston, 1)	Massachusetts 0249.  Beneficial Owner	Executive Officer	Director	☐ General and/or
Business or Residence Address Clo Athenium, Inc., 16 Sutto Check Box(es) that Apply ull Name (Last name first, if ind Inderson, Curt usiness or Residence Address /o Athenium, Inc., 16 Sutto	(Number on Place, Weston,  Promoter Promoter	Massachusetts 0249.  Beneficial Owner	Executive Officer  ip Code)		General and/or Managing Partner
Business or Residence Address C/o Athenium, Inc., 16 Sutto Check Box(es) that Apply:  ull Name (Last name first, if ind Inderson, Curt Usiness or Residence Address /o Athenium, Inc., 16 Sutto Heck Box(es) that Apply:	(Number on Place, Weston,   Promoter   Number on Place, Weston,   Promoter	Massachusetts 0249:  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493	Executive Officer	☐ Director ☐ Director	General and/or Managing Partner  General and/or
Business or Residence Address C/o Athenium, Inc., 16 Sutto Check Box(es) that Apply:  ull Name (Last name first, if ind Inderson, Curt Usiness or Residence Address /o Athenium, Inc., 16 Sutto Heck Box(es) that Apply:	(Number on Place, Weston,   Promoter   Number on Place, Weston,   Promoter	Massachusetts 0249:  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493	Executive Officer  ip Code)		General and/or Managing Partner
Business or Residence Address C/o Athenium, Inc., 16 Sutto Check Box(es) that Apply:  ull Name (Last name first, if ind anderson, Curt usiness or Residence Address /o Athenium, Inc., 16 Sutto neck Box(es) that Apply:  ull Name (Last name first, if individual last name first, if	(Number on Place, Weston,   Promoter   Number on Place, Weston,   Promoter	Massachusetts 0249:  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493	Executive Officer  ip Code)		General and/or Managing Partner  General and/or
Business or Residence Address Clo Athenium, Inc., 16 Sutto theck Box(es) that Apply:  ull Name (Last name first, if ind nderson, Curt usiness or Residence Address to Athenium, Inc., 16 Sutto neck Box(es) that Apply:  ll Name (Last name first, if individual last name first, if in	(Number on Place, Weston,   Promoter   (Number on Place, Weston,   Promoter   Promoter   Promoter   (Number on Place, Weston,   Promoter   (Number of Promoter of	Massachusetts 0249:  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493  Beneficial Owner	Executive Officer  ip Code)  Executive Officer		General and/or Managing Partner  General and/or
Business or Residence Address Clo Athenium, Inc., 16 Sutte Theck Box(es) that Apply:  ull Name (Last name first, if ind Inderson, Curt Usiness or Residence Address (O Athenium, Inc., 16 Sutto Inc.)  ll Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, if indisplays of Residence Address (South Name (Last name first, i	(Number on Place, Weston,   Promoter   (Number on Place, Weston,   Promoter   Promoter   Promoter   (Number on Place, Weston,   Promoter   (Number of Promoter of	Massachusetts 0249:  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493	Executive Officer  ip Code)  Executive Officer		General and/or Managing Partner  General and/or
Business or Residence Address Co Athenium, Inc., 16 Sutte Theck Box(es) that Apply:  ull Name (Last name first, if ind Inderson, Curt Inderson, Curt Inderson, Curt Inderson, Curt Inderson, Inc., 16 Sutto Index Box(es) that Apply:  Il Name (Last name first, if indisplays or Residence Address Indianates) or Residence Address Indianates or Residence Address Indianates or Residence Address Indianates Indiana	(Number on Place, Weston,   Promoter   (Number on Place, Weston,   Promoter   Promoter   Promoter   (Number on Place, Weston,   Promoter   (Number of Promoter of	Massachusetts 0249.  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493  Beneficial Owner	Executive Officer  ip Code)  Executive Officer  p Code)	Director	General and/or Managing Partner  Managing Partner  General and/or Managing Partner
Business or Residence Address Clo Athenium, Inc., 16 Sutto Check Box(es) that Apply:  ull Name (Last name first, if ind nderson, Curt usiness or Residence Address to Athenium, Inc., 16 Sutto neck Box(es) that Apply:  Il Name (Last name first, if indistincts or Residence Address seck Box(es) that Apply:	(Number on Place, Weston,   Promoter   Promo	Massachusetts 0249:  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493  Beneficial Owner	Executive Officer  ip Code)  Executive Officer  p Code)	Director	General and/or Managing Partner  General and/or Managing Partner  General and/or
Business or Residence Address C/o Athenium, Inc., 16 Sutto Theck Box(es) that Apply:  ull Name (Last name first, if indunderson, Curt usiness or Residence Address /o Athenium, Inc., 16 Sutto heck Box(es) that Apply:  ull Name (Last name first, if individually Name (Last name first, if indivisioness or Residence Address eck Box(es) that Apply:	(Number on Place, Weston,   Promoter   Promo	Massachusetts 0249.  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493  Beneficial Owner	Executive Officer  ip Code)  Executive Officer  p Code)	Director	General and/or Managing Partner  Managing Partner  General and/or Managing Partner
Business or Residence Address C/o Athenium, Inc., 16 Sutto Theck Box(es) that Apply:  ull Name (Last name first, if indunderson, Curt usiness or Residence Address /o Athenium, Inc., 16 Sutto heck Box(es) that Apply:  ull Name (Last name first, if individually Name (Last name first, if indivisioness or Residence Address eck Box(es) that Apply:	(Number on Place, Weston,   Promoter   Promo	Massachusetts 0249.  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493  Beneficial Owner	Executive Officer  ip Code)  Executive Officer  p Code)	Director	General and/or Managing Partner  General and/or Managing Partner  General and/or Managing Partner
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Williams, Jo Ann Business or Residence Address Clo Athenium, Inc., 16 Sutte Check Box(es) that Apply:  ull Name (Last name first, if ind Inderson, Curt usiness or Residence Address Vo Athenium, Inc., 16 Sutto heck Box(es) that Apply:  all Name (Last name first, if indi usiness or Residence Address eck Box(es) that Apply:  I Name (Last name first, if indiv siness or Residence Address eck Box(es) that Apply:	(Number on Place, Weston,  Promoter  (Number an Place, Weston, )  Promoter  (Number an Promoter  (Number an Promoter)	Massachusetts 0249.  Beneficial Owner  and Street, City, State, Z  Massachusetts 02493  Beneficial Owner	Executive Officer  ip Code)  Executive Officer  p Code)  Executive Officer	Director	General and/or Managing Partner  General and/or Managing Partner  General and/or Managing Partner

				B. INF	ORMATIC	ON ABOU	T OFFERI	NG				
1. Has the is	ssuer sold, o	or does the i	ssuer inten	d to sell, to	non-accred	ited investo	ors in this o	ffering?				No
			Ans	swer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2. What is the	he minimun	n investmer	nt that will i	be accepted	from any in	ndividual?.					\$_N/A	
				_							Yes	No
3. Does the	offering per	rmit joint ov	wnership of	a single ur	nit?		•••••••				$\boxtimes$	
4. Enter the remuneration agent of a bruersons to be Full Name (I	n for solicita oker or deal e listed are a	ation of pur ler registere associated p	chasers in o d with the s ersons of s	connection SEC and/or	with sales o with a state	f securities or states,	in the offer	ring. If a pe e of the bro	erson to be liker or deale	listed is an er. If more	associate than five	d person or (5)
·												
Business or I	Residence A	Address (Nu	mber and S	Street, City,	State, Zip	Code)						
Name of Ass	ociated Bro	ker or Deal	er		<del></del>					<del></del>		
States in Wh		Listed Has			Solicit Purc							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MII]	[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]
Business or I				street, City,	State, Zip (	Code)						
States in Whi					Solicit Purc						🗖	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]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (	Code)						
Name of Asso	ociated Bro	ker or Deal	er					<u></u>		<del></del> _		
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Pure	hasers		·				
		r check ind									🗖	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]	[N1]	[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 \( \square\) 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	\$ <u>-0-</u>	\$O
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 500,000	\$175,000
	Partnership Interests	\$ -0-	\$0
	Other (Specify:)	\$ -0-	
	Total	\$ 500,000	
	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
	Accredited Investors	3	\$ <u>175,000</u>
	Non-accredited Investors	0-	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 3, if filing under ULOE.		Ψ
	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 offering	Type of	Dollar Amount
	Rule 505	Security n/a	Sold \$ <u>n/a</u>
	Regulation A	n/a	
			\$ <u>n/a</u>
	Rule 504	<u>n/a</u>	\$ <u>n/a</u>
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	Г	\$0
	Printing and Engraving Costs		\$0-
	Legal Fees		\$3,000
	Accounting Fees		\$0-
	Engineering Fees	[	\$0
	Sales Commissions (specify finders' fees separately)		\$0-
	Other Expenses (identify)		<b>\$</b> 0
	Total		\$3,000

b. Enter the difference between the aggregation	ate offering price given in response to Part C - Question		
	se to Part C - Question 4.a. This difference is the		\$ <u>497,000</u>
used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		<b>\$</b>	<b>S</b>
Purchase of real estate		<b>\$</b>	<b>S</b>
Purchase, rental or leasing and installat	ion of machinery and equipment	<b>\$</b>	<b>S</b>
Construction or leasing of plant building	gs and facilities	\$	<b>\$</b>
offering that may be used in exchange		П с	
. ,		□ \$ □ \$	
			□ \$ <u>497,0</u> 00
		□ \$	
Other (specify).		П р	□ ⊅
		<b>S</b>	□ \$
Column Totals		<b>\$</b>	<b>⋈</b> \$ <u>497,0</u> 00
Total Payments Listed (Column totals a	dded)	⊠ \$4	97,000
	D. FEDERAL SIGNATURE		
following signature constitutes an undertaki	med by the undersigned duly authorized person. If this no ng by the issuer to furnish to the U.S. Securities and Exch issuer to any non-accredited investor pursuant to paragrap	ange Commission, up	on written request
Issuer (Print or Type)	Signature	Date	
Athenium, Inc.	CG7/M	8/12/	03
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Charles Dornbush	President		

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