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

126/3	55
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OMB APPROVAL
OMB Number: 3235-0076
Estimated average burden
hours per response...16.00

SEC USE ONLY					
Prefix			Serial		
	DA	TE RECEIV	ED		

Name of Offering (check if this is an amend	iment and name has changed, and indicate	e change.)	
Series A-2 Convertible Preferred Stock of Tra	nsurgical, Inc.		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☑ R	tule 506 Section 4(6) UL	DEMARCCET
Type of Filing: New Filing Amer	ndment		DKOCE99Er
	A. BASIC IDENTIFICATION D	DATA	
		<u> </u>	AHG 2.6 2003
1. Enter the information requested about the iss			700 10 - 2000
· · · · · · · · · · · · · · · · · · ·	s an amendment and name has changed, as	and indicate change.)	THOMSON
TRANSURGICAL, INC.			FINANCIAL
Address of Executive Offices	(Number and Street, City, State, Zip Co	ode) Telephone Number (Including	Area Code)
220 Belle Meade Road	Setauket, New York 11733	631-689-2002	<u> </u>
			A Call
Brief Description of Business		·	N. K.
•			Commence of the second
		Jan	CORINED A
Development, marketing and support of a device	e for treatment of atrial fibrillation.	و و و معموم	A CONTRACTOR OF THE PARTY OF TH
Type of Business Organization		<u> </u>	5 2 6 200 P
☑ corporation	☐ limited partnership, already formed	1/2	
•		other (please specify):	
□ business trust	☐ limited partnership, to be formed		101
	Month Year	A.	59/
Actual or Estimated Date of Incorporation or Or	ganization: 4 9 7	☑ Actual ☐ Estimated	
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service ab		
surfaction of meorporation of Organization.	CN for Canada: FN for other foreign just		· ·
	Civitor Canada, 144 for other foreign jur	insulction)	

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

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized with 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. ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Warnking, Reinhard Business or Residence Address (Number and Street, City, State, Zip Code) 220 Belle Meade Road Setauket, New York 11733 ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Novak, Alfred J. Business or Residence Address (Number and Street, City, State, Zip Code) 6350 S.W. 92nd Street Miami, FL 33156 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Wicker, Damion E. Business or Residence Address (Number and Street, City, State, Zip Code) 1221 Avenue of the Americas, 39th Floor New York, NY 10020-1080 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bucci, Vincent A. Business or Residence Address (Number and Street, City, State, Zip Code) Westwood, MA 02090 690 Canton Street, Suite 205 ☐ Beneficial Owner ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☑ Executive Officer Managing Partner Full Name (Last name first, if individual) Fischer, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 220 Belle Meade Road Setauket, New York 11733 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) David E. Acker Business or Residence Address (Number and Street, City, State, Zip Code) 175 Harbor Road St. James, NY 11780 ☑ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) J.P. Morgan Partners (SBIC), LLC (Number and Street, City, State, Zip Code) Business or Residence Address 1221 Avenue of the Americas, 39th Floor New York, NY 10020-2080 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner

(Number and Street, City, State, Zip Code)

Setauket, New York 11733

Full Name (Last name first, if individual)

Business or Residence Address 220 Belle Meade Road

Eugene J. Jung

B. INFORMATION ABOUT OFFERING													
									Ye	s No			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									L				
Answer also in Appendix, Column 2, if filing under ULOE.									4 10	100			
2. What is the minimum investment that will be accepted from any individual?									\$ 19,	100			
2. Does the offering assemit is into comparable of a single unit?										Yes	s No		
	3. Does the offering permit joint ownership of a single unit?												
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission 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 the broker or dealer only.												
Ful	l Name	(Last name	first, if indi	ividual)									
Bus	siness or	Resident .	Address (Ni	imber and S	treet, City,	State, Zip C	ode)						
Nai	me of A	ssociated B	roker or De	aler								·····	
Sta	tes in W	hich Perso	n Listed Ha	s Solicited o	or Intends to	Solicit Pur	chasers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(Cł	neck "Al	l States" or	check indiv	vidual State:	s)								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) [M1] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Ful	l Name	(Last name	first, if ind	ividual)									
Bu	siness o	r Resident.	Address (Ni	imber and S	treet, City,	State, Zip C	ode)						
Na	me of A	ssociated E	Broker or De	ealer					· · · · · · · · · · · · · · · · · · ·				
Sta	tes in W	hich Perso	n Listed Ha	s Solicited o	or Intends to	Solicit Pur	chasers	***************************************					
(Cl	neck "Al	l States" or	check indi	vidual State	s)								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)
Ful	ll Name	(Last name	first, if ind	ividual)									
Bu	siness o	r Resident	Address (Nu	umber and S	treet, City,	State, Zip C	ode)						
Na	me of A	ssociated E	Broker or De	ealer									
Sta	ites in W	hich Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	chasers						
(Cl	heck "Al	ll States" o	r check indi	vidual State	s)								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, EX	PEN	ISES AND USE OF PRO	CEEI	OS
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	\$	-0-	\$	-0-
	Equity	\$	4,802,877.05	- \$	2,519,163.99
	☐ Common ☑ Preferred (Convertible to Common Stock)		-0-	_	-0-
	Convertible Securities (including warrants)	\$	-0-	- \$	-0-
	Partnership Interests	\$	-0-	- \$	-0-
	Other (Specify)	\$	-0-	- \$	-0-
	Total	\$	4,802,877.05	- \$	2,519,163.99
	Answer also in Appendix. Column 3, if filing under ULG	OE.		_	
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
	Accredited Investors		Number Investors 2	\$	Dollar Amount of Purchases 2,519,163.99
	Non-accredited Investors		-0-	- °	-0-
	Total (for filings under Rule 504 only)		-0-	- \$	-0-
	(a)Answer also in Appendix, Column 3, if filing under t	11.0		– ໍ້.	-0-
3.	If this filing 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.	JLO	.		
	Type of Offering		Type of		Dollar Amount
	Rule 505		Security	\$	Sold
	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 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) Other Expenses (identify) Blue Skies Filing Fees Total				\$ -0- \$ -0- \$ 125,000 \$ -0- \$ -0- \$ -0- \$ 125,000

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C. OFFERING PRICE	NUMBER OF INVESTORS, EX	PENS	ES AND USE OF PROC	CEEDS	
 b. Enter the difference between the aggregate. Part C- Questions and total expenses furnished 4.a. This difference is the "adjusted gross production." 				\$ <u>4,677,877,05</u>	
5. Indicate below the amount of the adjusted grosproposed to be used for each of the purposes spurpose is not known, furnish an estimate and estimate. The total of the payments listed musproceeds to the issuer set forth in response to	hown. If the amount for any check the box to the left of the t equal the adjusted gross				
			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$		\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installati	on of machinery and equipment		\$		\$
Construction or leasing of plant buildin	gs and facilities		\$		\$
Acquisition of other businesses (including in this offering that may be used in exchanother issuer pursuant to a merger)			\$		\$
Repayment of indebtedness			\$		\$
Working capital			\$	\square	\$ <u>4,677,877.05</u>
Other (specify)			\$		\$
			\$ -0-		\$0
			\$		\$
Column Totals		Ø	\$	Ø	\$ <u>4,677.877.05</u>
Total Payments Listed (column totals added)			Ø \$ <u>4,677,87</u>	7.05	-
	D. FEDERAL SIGNAT	URE			
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 to 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.	Signature		Date 8/21/0	. 3	
Issuer (Print or Type) Title of Signer (Print or Type)				*	
Transurgical, Inc. President and Chief Executive Off		icer			
Name of Signer (Print or Type) Reinhard Warnking		* ·			
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ATTENTION

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

		E. STATE SIGNATURE						
1.	1. Is any party described in 17 CFR 230.252(c), (d), (e)	or (f) presently subject to any	of the disqualification provisions of such rule	Yes?	No ☑			
2.	2. The undersigned issuer hereby undertakes to furnish CFR 239.500) at such times as required by state law.	to any state administrator of ar	ny state in which this notice is filed, a notice o	n Form D) (17			
3.	 The undersigned issuer hereby undertakes to furnish offerees. 							
4.	4. The undersigned issuer represents that the issuer is fa Offering Exemption (ULOE) of the state in which thi has the burden of establishing that these conditions h	s notice is filed and understand						
The	The issuer has read this notification and knows the conten	ts to be true and has duly cause	ed this notice to be signed on its behalf by the	undersig	ned			
	duly authorized person.			-				
		1 1						
1	Issuer (Print or Type) Signatu Transurgical, Inc.	ire ///	Date 8/2, 1/0, 3					
		Print or Type)	10/2400					
		ent and Chief Executive Office	er /					
1	-							

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 of bear typed or printed signatures.

APPENDIX 3 4 5 Disqualification Type of security Intend to sell under State ULOE and aggregate to non-Type of investor and amount purchased in State (Part C-Item 2) (if yes, attach offering price accredited explanation of waiver Investors in offered in state granted) (Part E-Item 1) (Part C-Item 1) State (Part B-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No ΑL ΑK ΑZ AR $\mathsf{C}\mathsf{A}$ CO CT DE DC FL GA н ID \mathbf{n} INIA KS KY LA ME MD MA

APPENDIX Disqualification under State ULOE Intend to sell Type of security to nonand aggregate (if yes, attach accredited offering price Type of investor and explanation of waiver offered in state amount purchased in State Investors in granted) (Part C-Item 1) (Part C-Item 2) State (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Yes No Amount MI MN MS MO MT NE NV NH NJ NM NY Χ Series A-2 2 \$2,519,163.99 0 0 Х Preferred Stock \$2,519,163.99 NC ND ОН OK OR PΑ RI SC SD TN TX UT ٧T ٧A WA wv WI WY PR