FORM D SECT

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

FORM D

OMB Approval
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SEC USE ONLY
Prefix Serial

DATE RECEIVED

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

Name of Offering ([] check if this is an amendment and name has Nanophase Technologies Corporation Common Stock	as changed, and indicate change.)
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule Type of Filing: [x] New Filing [] Amendment	505 [x] Rule 506 [] Section 4(6) [] ULOE
A. BASIC IDEI	NTIFICATION DATA
Enter the information requested about the issuer	
Name of Issuer ([]check if this is an amendment and name has o	changed, and indicate change.) Nanophase Technologies Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446	Telephone Number (Including Area Code) 630-771-6700
Address of Principal Business Operations (Number and Street, City, State (if different from Executive Offices)	e, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business: Developing and Marketing Nano	ocrystalline Materials.
Type of Business Organization [X] corporation [] limited partnership, alread [] limited partnership, to be	formed
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. CN for Canada; FN	Month Year APR 2 0 2004: 1 1 9 7 [x] Actual [] Estimated THOMSON FINANCIAL for other foreign jurisdiction) [D] [E]

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 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.

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.

Each Source and Manager Street		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Cross, Joseph E.	·	
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Siegel, Richard W.		
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Henderson, James A.		
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) McClung, James A.		,
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Pearlman, Jerry K.		
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Perkins, Donald S.		
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) R. Janet Whitmore		
Business or Residence Address (Number and Street, City, State, Zip Code) 1319 Marquette Drive, Romeoville, Illinois 60446		

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Check Box(es) that Apply:[] Promoter [] Be	neficial Owner [X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Jankowski, Jess	:		
Business or Residence Address (Number and 1319 Marquette Drive, Romeoville, Illinois 60446	Street, City, State, Zip Code)		
Check Box(es) that Apply: [] Promoter [] Be	neficial Owner [X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Bilicki, Daniel S.	:		
Business or Residence Address (Number and 1319 Marquette Drive, Romeoville, Illinois 60446	Street, City, State, Zip Code)	···	
Check Box(es) that Apply: [] Promoter [] Be	eneficial Owner [X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Brotzman, Richard W.	:		
Business or Residence Address (Number and 1319 Marquette Drive, Romeoville, Illinois 60446	Street, City, State, Zip Code)		
Check Box(es) that Apply: [] Promoter [] Be	eneficial Owner [X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Haines, Robert			
Business or Residence Address (Number and 1319 Marquette Drive, Romeoville, Illinois 60446	Street, City, State, Zip Code)		_
Check Box(es) that Apply: [] Promoter [X] Box	eneficial Owner [] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Spurgeon Corporation			
Business or Residence Address (Number and 1560 Sherman Ave., Suite 900, Evanston, IL (
Check Box(es) that Apply: [] Promoter [X] Box	eneficial Owner [] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Whitmore, Bradford T.			
Business or Residence Address (Number and 1560 Sherman Ave., Suite 900, Evanston, IL			
Check Box(es) that Apply: [] Promoter [X]B	eneficial Owner [] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Grace Brothers, Ltd.	:		
Business or Residence Address (Number and 1560 Sherman Ave., Suite 900, Evanston, IL			

B. INFORMATION ABOUT OFFERING														
													Yes	No
1 Has	the iss	uer sold	or doe	s the iss	suer inter	nd to sel	I. to non-	-accredite	ed invest	ors in this	s offering	j ?.	[]	[X]
1. 1100	, 1110 100		,			ì					•		1.1	[^]
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?								\$10,000	0.000					
2. What is the minimum investment that will be accepted nom any marviadars							Yes	No						
3. Does the offering permit joint ownership of a single unit?								[]	[X]					
ind sal bro de	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 that broker or dealer only.													
				individu	al)									
		Corpor		ess (Nur	mber and	Street	City Sta	ate, Zip C	ode)					
								ois 60606						<u> </u>
Name	of Ass	ociated	Broker o	or Deale	r									
State	e in \A/hi	ch Pere	on Lists	d Has S	olicited (or Intend	ls to Soli	cit Purcha	acerc					
					al States	1		OIL I GIOIN	u3013				[] 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]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	lame (L	ast nam	e first, i	f individu	ıal)									
Busir	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 individual States)							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 copy and use additional copies of this sheet as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and total amount already sold. Enter "0" if answer is "none" or "zero." It transaction is an exchange offering, check this box [] and indicate in columns below the amounts of the securities offered for exchange and alreachanged.	f the n the	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$10,000,000	\$10,000,000
	[X] Common [] Preferred	•	
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$
	Other (Specify)		\$
	Total	\$10,000,000	\$10,000,000
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of purchases. For offerings under Rule 504, indicate the number of persons have purchased securities and the aggregate dollar amount of their purch on the total lines. Enter "0" if answer is "none" or "zero."	their who	
	· · · · · · · · · · · · · · · · · · ·	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$10,000,000
	Non-accredited Investors	NONE	\$0
	Total (for filings under Rule 504 only)	<u></u>	\$
3.	If this filing is for an offering under Rule 504 or 505, enter the inform requested for all securities sold by the issuer, to date, in offerings of the indicated, the twelve (12) months prior to the first sale of securities in offering. Classify securities by type listed in Part C-Question 1. Type of offering	types n this Type of	Dollar Amount
	Dula FOE	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	I. a. Furnish a statement of all expenses in connection with the issuance distribution of the securities in this offering. Exclude amounts relating sol organization expenses of the issuer. The information may be given as so to future contingencies. If the amount of an expenditure is not known, for an estimate and check the box to the left of the estimate.	ely to ubject	
	Transfer Agent's Fees	[]	\$
	Printing and Engraving Costs		\$
	Legal Fees		\$60,000
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	• •	\$700,000
	Other Expenses (identify)		\$
	Total		\$760,000
		U 1	

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

b.	Enter the difference between the aggregate	offering price given in response		
to	Part C - Question 1 and total expenses fu uestion 4.a. This difference is the "adjusted g	rnished in response to Part C -		\$9,240,000
pr pu es	dicate below the amount of the adjusted grost roposed to be used for each of the purpose urpose is not known, furnish an estimate and stimate. The total of the payments listed roceeds to the issuer set forth in response to	es shown. If the amount for any dicheck the box to the left of the must equal the adjusted gross		
		: : :	Payme	
				ers, ors, & Payments To ates Others
	Salaries and fees		[]\$	[]\$
	Purchase of real estate			[]\$
	Purchase, rental or leasing and installatio	n of machinery and equipment	[]\$	[]\$
	Construction or leasing of plant buildings	and facilities	[]\$	[]\$
	Acquisition of other businesses (including this offering that may be used in exchang another issuer pursuant to a merger)	e for the assets or securities of	[]\$	[]\$
	Repayment of indebtedness	•	[]\$	[]\$
	Working capital			[X] \$9,240,000
	Other (specify):	•	[]\$	[]\$
			[]\$	[]\$
	Column Totals		11\$	[X] \$9,240,000
	Total Payments Listed (column totals add	•		[X] \$9,240,000
		. FEDERAL SIGNATURE		[Λ] Ψ0,240,000
		. I LOZINI DIONATORE		
Rule Con	issuer has duly caused this notice to be sign e 505, the following signature constitutes an amission, upon written request of its staff, suant to paragraph (b)(2) of Rule 502.	undertaking by the issuer to furnis	h to the U	.S. Securities and Exchange
Issu	er (Print or Type)	Signature		Date
Nan	ophase Technologies Corporation	(kmg /	′	04-02-2004
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Jes	s Jankowski	Acting Chief Financial Officer	and Secre	etary
	:			
	:	ATTENTION		
	Intentional misstatements or omissions of	of fact constitute federal criminal	violation	s. (See 18 U.S.C. 1001.)

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