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

	OMB	APPROVAL	
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Estimated average burden hours per response............ 16.00

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offering of Limited Partnership Interests of Tudor Tensor Fund L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment 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.) Tudor Tensor Fund L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (203) 863-6700 Address of Principal Business Operations (fid ifferent from Executive Offices) Brief Description of Business Private Investment Partnership Type of Business Organization Imited partnership, already formed Imited partnership, to be formed Month Year Actual or Estimated Date of Information or Organization: July 2005 Actual Estimated	
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Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Private Investment Partnership Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Dusiness trust Month Year Actual or Estimated Date of Information or Organization: July 2005 Actual Estimated (203) 863-6700 (Number and Street, City, State, Zip/Code) The Ephone Number (Including Area Code) (Number and Street, City, State, Zip/Code) The Code) The Code (Including Area Code)	Tudor Tensor Fund L.P.
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Private Investment Partnership Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Month Year Actual or Estimated Date of Information or Organization: July 2005 Actual Estimated	Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
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Private Investment Partnership Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Dusiness trust Month Year Actual or Estimated Date of Information or Organization: July 2005 Actual Estimated	
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Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Month Year Actual or Estimated Date of Information or Organization: July 2005 Actual Estimated	
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Actual or Estimated Date of Information or Organization: July 2005 Actual Estimated	
	Month Year 2088
Jurisdiction of Incompantion or Organization. (Enter two letter II C. Doctol Coming abbreviation for States	
CN for Canada: FN for other foreign jurisdiction) OF The Canada: FN for other foreign jurisdiction)	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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 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.

A. BASIC IDENTIFICATION 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 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) Jones, Paul Tudor, II Business or Residence Address (Number and Street, City, State, Zip Code) 1275 King Street, Greenwich, Connecticut 06831 Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Dalton, Mark F. Business or Residence Address (Number and Street, City, State, Zip Code) 1275 King Street, Greenwich, Connecticut 06831 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Fisher, Richard L. Business or Residence Address (Number and Street, City, State, Zip Code) Dunavant Enterprises, Inc., 3739 New Getwell Road, Memphis, TN 38118 Promoter ☐ Beneficial Owner □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Paul, Andrew S. Business or Residence Address (Number and Street, City, State, Zip Code) 1275 King Street, Greenwich, Connecticut 06831 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Pallotta, James J. Business or Residence Address (Number and Street, City, State, Zip Code) 50 Rowes Wharf, 6th Floor, Boston, MA 02110

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Forlenza, Robert P.							
Business or Residence Address 50 Rowes Wharf, 6 th Floor, Box		Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, if i MacFarlane, John G. III	ndividual)						
Business or Residence Address 1275 King Street, Greenwich, (ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, if i Mark Nicholson	ndividual)						
Business or Residence Address Suite 11 / 2-3 Shore Bldg, 13 H	-	•	•				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, if i Torell, John R.	ndividual)						
Business or Residence Address 1275 King Street, Greenwich, G			ode)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name first, if i Withy, Mark A.	ndividual)						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Tudor Proprietary Trading, L.L.C., The Great Burgh, Yew Tree Bottom Road, Epsom, Surrey, United Kingdom KT18 5XT							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if i Tudor Investment Corporation	ndividual)						
Business or Residence Address 1275 King Street, Greenwich, 6			ode)				
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)							

B. INFORMATION ABOUT OFFERING												
							Yes	No				
1. Has t	he issuer sold	, or does the i	ssuer intend t	o sell, to non	-accredited in	vestors in thi	s offering?					\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									\$1,000,000.00* *General Partner has certain discretion to accept lower amount from existing limited partners.			
											Yes	No
3. Does	the offering p	ermit joint ov	wnership of a	single unit?	***************************************	• • • • • • • • • • • • • • • • • • • •	·····	·····			\boxtimes	
simil assoc deale	r the information ar remuneration in the control of	on for solicita or agent of a l han five (5)	tion or purcha broker or dea persons to b	asers in conne ler registered	ection with sa with the SEC	les of securit and/or with	ies in the offe a state or sta	ring. If a per tes, list the n	son to be list ame of the br	ed is an oker or		
Full Name	(Last name fi	rst, if individ	ual)									
Business o	r Residence A	ddress (Num	ber and Street	t, City, State,	Zip Code)							
Name of A	ssociated Bro	ker or Dealer										
States in W	/hich Person I	isted Has So	licited or Inte	nds to Solicit	Purchasers						- ·	
(Che	ck "All States	or check inc	dividual State	s)							☐ All St	ates
AL	AK	AZ	AR	CA	со	СТ	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	sc	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name fi	rst, if individ	ual)									
Business o	r Residence A	ddress (Num	ber and Stree	t, City, State,	Zip Code)							
Name of A	ssociated Bro	ker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Che	ck "All States	" or check inc	dividual State	s)						*************	☐ All St	ates
AL	AK	AZ	AR	CA	со	СТ	DE	DC	FL	GA	ні	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Name (Last name first, if individual)												
Business o	r Residence A	ddress (Num	ber and Stree	t, City, State,	Zip Code)							
	ssociated Bro				. Dl							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								☐ All St	ates			
AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	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

		Aggregate	Am	ount Already
Type of Security		fering Price		Sold
Debt			\$_	
Equity	\$	0	\$	0
☐ Common ☐ Preferred				
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$	*	\$ <u>31</u>	,845,000
Other (Specify)	\$		\$	
Total	\$	*	\$ <u>31</u>	,845,000
Answer also in Appendix, Column 3, if filing under ULOE.		igoing, no timum (See er)		
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		gregate Dolla Amount of Purchases
Accredited Investors		<u> 15</u>	\$ <u>31</u>	,845,000
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)		N/A	\$	0
Answer also in Appendix, Column 4, if filing under ULOE.				
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 Security	Do	ollar Amount Sold
Rule 505		N/A	\$	0
Regulation A		N/A	\$	0
Rule 504	-	N/A	s	0
Total		N/A	s	
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 ar expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees			\$	N/A_
Printing and Engraving Costs			\$	N/A
Legal Fees			\$	N/A
Accounting Fees			\$	N/A
Engineering Fees			\$	N/A
Sales Commissions (specify finders' fees separately)			\$	N/A
Other Expenses (identify)			\$_	N/A
Total				N/A

	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	Question 1 and total expenses furnis	e aggregate offering price given in response to Pa shed in response to Part C — Question 4.a. This dif e issuer."	fference	\$ <u>31,845,000</u>
5.	used for each of the purposes show estimate and check the box to the I	djusted gross proceed to the issuer used or propose in. If the amount for any purpose is not known, fur eft of the estimate. The total of the payments listed the issuer set forth in response to Part C — Ques	mish an ed must	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees			
	Purchase of real estate			<u> </u>
	Purchase, rental or leasing and insta	llation of machinery and equipment	[] \$ <u>0</u>	\$ <u></u> 0
	Construction or leasing of plant buil	dings and facilities		\$0
	Acquisition of other businesses (inc may be used in exchange for the ass	cluding the value of securities involved in this offer ets or securities of another issuer pursuant to a merg	ring that	
	Repayment of indebtedness		🗆 \$0_	_ D \$0
	Working capital			\$ <u></u> 0
	Other (specify):			
			s <u>0</u>	<u> </u>
	Column Totals			so
	Total Payments Listed (column total	s added)		\$0
		D. FEDERAL SIGNATURE		<u></u>
following	signature constitutes an undertaking	signed by the undersigned duly authorized persor by the issuer to the U.S. Securities and Exchange on-accredited investor pursuant to paragraph (b)(2)	Commission, upon writt	
Issuer (Print or Type) Signature Date				
Tudor Tensor Fund L.P.		Man Wake	September 12, 2005	
Name of Signer (Print or Type)		Title of Signer (Print or Type)		
Stephen 1	N. Waldman	Managing Director and Associate General Count Tudor Investment Corporation, the General Partner	sel,	
		ATTENTION		
	Intentional misstatements or	omissions of fact constitute federal criminal viole	ations. (See 18 U.S.C. 1	001.)

TUDOR TENSOR FUND L.P.

Rider to Form D

Item C.1

There is no maximum number of Units that may be sold. Units are offered and sold at the discretion of the General Partner on a continuing basis (the "Continuing Offering") as of the first calendar day of each month or on a more or less frequent basis at the discretion of the General Partner (a "Subscription Date"). Units are sold on Subscription Dates at a price equal to the Net Asset Value of a Unit of the applicable class as of the opening of business on the Subscription Date on which such Units are sold.