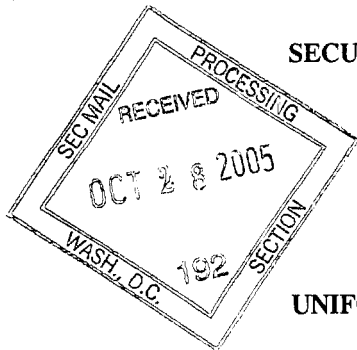


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FORM D

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 table with fields: OMB Number: 3235-0076, Expires: May 31, 2002, Estimated average burden, hours per response: 1.00

SEC USE ONLY table with fields: Prefix, Serial, DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Gentium S.p.A. American Depository Shares

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer



05069960

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Gentium S.p.A. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Piazza XX Settembre, 2, 22079 Villa Guardia, Como, Italy 39 031 385111

Brief Description of Business Biopharmaceutical company focused on the research, discovery and development of drugs to treat and prevent a variety of vascular diseases and conditions related to cancer and cancer treatments.

PROCESSED stamp

Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): NOV 02 2005

Actual or Estimated Date of Incorporation or Organization: Month [12] Year [2000] [X] Actual [] Estimated

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. Information Required: A new filing must contain all information requested. 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.

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.

Handwritten signature

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:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Ferro, M.D., Laura

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Grossman, Cary

Business or Residence Address (Number and Street, City, State, Zip Code)

9821 Katy Freeway, Suite 500, Houston, TX 77024

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Carsana, Sauro

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Iacobelli, M.D., Massimo

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Eissner, M.D., Guenther

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Calabrese, Salvatore

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Bertoglio, Gigliola

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

FinSirtion S.p.A.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Gentium S.p.A., Piazza XX Settembre 2, 22079 Villa Guardia, Como, Italy

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			

Full Name (Last name first, if individual)

Sigma Fau Finanziaria S.p.A.

Business or Residence Address (Number and Street, City, State, Zip Code)

Via Sudafrica 20, 00144 Roma Italia

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director
 General and/or Managing Partner

Full Name (Last name first, if individual)
Alexandra Global Master Fund Ltd.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alexandra Investment Management, LLC, 767 Third Avenue, 39th Floor, New York, New York 10017

(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
 [] [X]
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$ N/A
3. Does the offering permit joint ownership of a single unit? Yes No
 [X] []
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.

Full Name (Last name first, if individual)
Rodman & Renshaw, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
1270 Avenue of the Americas, 16th Floor, New York, New York 10020

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) [] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	X[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	X[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	X[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)
Maxim Group LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
405 Lexington Avenue, 4th Floor, New York, New York 10174

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) [] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	X[CT]	[DE]	[DC]	[FL]	X[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	X[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	X[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)
I-Bankers Securities, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
1560 East Southlake Blvd., Suite 232, Southlake, Texas 76092

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) [] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	X[CT]	[DE]	[DC]	[FL]	X[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	X[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	X[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
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	Offering Price	Sold
Debt	\$ _____	\$ _____
Equity	\$ _____	\$ _____
[] Common [] Preferred		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (specify) American Depository Shares	\$ <u>8,715,311</u>	\$ <u>8,715,311</u>
Total	\$ _____	\$ _____

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	<u>5</u>	\$ <u>8,715,311</u>
Non-accredited Investors	_____	\$ _____
Total (for filings Under Rule 504 Only)	_____	\$ _____

Answer also in Appendix, Column 4 if filing under ULOE

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.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ _____
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	[X]	\$ <u>200,000</u>
Accounting Fees	[]	\$ _____
Engineering Fees	[]	\$ _____
Sales Commissions (Specify finder's fees separately)	[X]	\$ <u>562,919</u>
Other Expenses (identify): Blue Sky Filing Fees	[X]	\$ <u>1,150</u>
Total	[X]	\$ <u>764,069</u>

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 furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

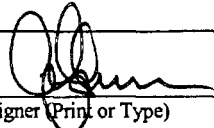
\$ 7,951,242

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.

		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]	\$ _____ []	\$ _____
Product Development	[]	\$ _____ [X]	\$ <u>7,951,242</u>
Purchase, rental or leasing and installation of machinery and equipment	[]	\$ _____ []	\$ _____
Construction or leasing of plant buildings and facilities	[]	\$ _____ []	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	[]	\$ _____ []	\$ _____
Repayment of indebtedness	[]	\$ _____ []	\$ _____
Working capital	[]	\$ _____ []	\$ _____
Other:	[]	\$ _____ []	\$ _____
Column totals	[]	\$ _____ [X]	\$ <u>7,951,242</u>
Total payments listed (column totals added)		[X] \$ <u>7,951,242</u>	



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.

Issuer (Print or Type) Gentium S.p.A.	Signature 	Date <u>10/28/05</u>
Name of Signer (Print or Type) Cary Grossman	Title of Signer (Print or Type) Executive Vice President and CFO	

Attention

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