

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

1324275

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

OMB AP	PROVAL
OMB Number: Expires: Estimated average hours per form	April 30, 2008 burden
SEC US	E ONLY
0602	5493

Name of Offering	(check if this is an a	mendment and name	has changed, and it	ndicate change.)		00010-00
Offering of limited p	artnership interests of	K2 Master Fund, L.P.	·			
Filing Under (Check b	pox(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	Section 4(6)	ÉLIGLOE
Type of Filing:	☐ New Filing				ESP LITE	LINUE
		A. BASI	C IDENTIFICAT	ION DATA		2 2000
1. Enter the inform	ation requested about th	e issuer			C FEB !	0 2000
Name of Issuer	check if this is an ar	mendment and name h	nas changed, and in	dicate change.	We co	
K2 Master Fund, L.P).					156 /49 /
Address of Executive	Offices:	- · · ·	(Number and Stree	et, City, State, Zip Coo	de) Telephone N	imper (Including Area Code)
c/o K2 Advisors, L.L	C., 300 Atlantic Street	, 12 th Floor, Stamford	l, Connecticut 0690	01		(203)905.5358
Address of Principal (Offices		(Number and Stree	et, City, State, Zip Coo	de) Telephone N	lumber (Including Area Code)
(if different from Exec	utive Offices)					recen
Brief Description of B	usiness: Private In	vestment Company		^		OFOSEN
					/ ALAD	0 3 2006
Type of Business Org	ganization			1		
	☐ corporation	🛭 limited p	partnership, already	formed	other (please)	PRISON
	business trust	☐ limited p	partnership, to be fo	rmed	FIN	ANCIAL
		—	Month	Year		
Actual or Estimated D	ate of Incorporation or C	Organization:	1 2	9	9 ⊠ Ad	tual Estimated
Jurisdiction of Incorpo	oration or Organization:	(Enter two-letter U.S. I	Postal Service Abbre	eviation for State;		
		C	N for Canada; FN fo	r other foreign jurisdic	ction) [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 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 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:
Full Name (Last name first, if individual): K2 Advisors, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code): 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901 Check Box(es) that Apply:
Business or Residence Address (Number and Street, City, State, Zip Code): 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual): Douglass III, William A. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual): Saunders, David C. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual): Douglass III, William A. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual): Saunders, David C. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
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300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Saunders, David C. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual): Saunders, David C. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
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300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: 🔲 Promoter 🔲 Beneficial Owner 🔯 Executive Officer 🔲 Director 🔲 General and/or Managing Partner
Full Name (Last name first, if individual): Christie, Stephanie
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual): K2 Investment Partners II, L.L.C.
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual): K2/Highland Overseas, Ltd.
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual): K2 Overseas Investors I, Ltd.
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual): LK2 Fund, LLC
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C.
300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901 Check Box(es) that Apply:

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						В.	INFORM	MATION	ABOUT	OFFER	ING			
						•								
1.	Has the is	suer	sold, or c	does the is	suer inten	d to sell, to Answer a		edited inve pendix, Co					☐ Yes	⊠ No
2.	What is th	mir	nimum inv	vestment t	hat will be	accepted	from any i	ndividual?	•••••					000,000*
											May be waiv	ed by the General Partner		
3.	Does the	fferi	ng permit	t joint own	ership of a	single uni	t?			•••••			🛚 Yes	□No
	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 I	Name (Las	nan	ne first, if	individual)									
Busi	ness or Re	sider	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of Assoc	ated	Broker c	or Dealer										
						tends to S								- All Chada
□ (<i>A</i>	•		ites or cr			s)[CO]						[HI]	□ [ID]	☐ All States
		1]	□ [IA]	☐ [KS]	□ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	☐ [MO]	
□ [N	/] [TN	E]	[NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
☐ [F	Ri) 🔲 [S	C]	□ [SD]	□ [TN]	□ [TX]		[VT]	□ [VA]	☐ [WA]	[WV]	[WI]		☐ [PR]	
Full I	Name (Las	nan	ne first, if	individual)									
Busi	ness or Re	ider	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of Assoc	ated	Broker o	or Dealer					•••	,				
						tends to S								☐ All States
\square [A	·					[CO]						□ [HI]	□ [ID]	_
□ [II	11] 🔲 [.]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ (MS)	[OM]	
□ [N	/] 🔲 [T	E]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]		□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ (F	II] 🔲 [S	C]	□ [SD]	□ [TN]	□ [XT]	□ [UT]	□ [VT]	□ [VA]	□ [WA]	□ [WV]	[WI]	□ [WY]	□ [PR]	
Full !	Name (Las	nan	ne first, if	individual)									-
Busi	ness or Re	sider	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of Assoc	ated	Broker o	r Dealer										
						tends to S			·					□ All States
	` _		tes" or cn			s)[CO]			☐ [DC]		☐ [GA]	☐ [HI]	[ID]	☐ All States
 (☐ [IA]	☐ [KS]	☐ [KY]	☐ [LA]	☐ [ME]		☐ [MA]	_	☐ [MN]		☐ [MO]	
□ [v			□ [NV]	_	[NJ]		☐ [NY]			□ [OH]	☐ [OK]	_ ` `	☐ [PA]	
☐ [F			☐ [SD]		□ [TX]		□ [VT]			[WV]			□ [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 Offering Price		Amount Already Sold
	Debt		0	\$	0
	Equity	-	0	s	0
	☐ Common ☐ Preferred	<u> </u>		<u>*</u>	
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests			\$	1,273,280,624
	Other (Specify)	\$	0	<u> </u>	
	Total	\$	3,000,000,000	\$	1,273,280,624
	Answer also in Appendix, Column 3, if filing under ULOE	Ф	3,000,000,000	<u> </u>	1,270,200,024
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."				A
			Number investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		6	\$	1,273,280,624
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)		<u> </u>	\$	0
	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		Types of Security		Dollar Amount Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	\$	n/a
1.	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		🛛	\$	10,000
	Accounting Fees		🗆	\$	
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)		🛮	\$	
	Other Expenses (identify)		🗖	\$	
	Total		1571	\$	10.000

4							
	gross proceeds to the issuer."				\$	2,999	000,090
5	used for each of the purposes shown. If the amount for any purpose is not known, furl estimate and check the box to the left of the estimate. The total of the payments listed	nish an I must equal					
	aste below the amount of the adjusted gross proceeds to the issuer used or proposed to be of for each of the purposes shown. If the amount for any purpose is not known, furnish an mate and check the box to the left of the estimate. The total of the payments listed must equal adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above. Payments to Officers, Directors & Affiliates Salaries and fees.		Pavm	nents to			
	Salaries and fees		\$	0		\$	0
	Purchase of real estate		\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0
	Acquisition of other businesses (including the value of securities involved in this	<u> </u>	\$	0		\$	0
			\$	0		\$	0
	Repayment of indebtedness		\$	0		\$	00
	Working capital		\$. 0	\boxtimes	2,999	9,990,000
	Other (specify):		\$	0			0
	•	П	\$	0	П	\$	0
	Column Totals	· —		0			
		_	 			-	
	Total payments Listed (column totals added)	ليا		<u> </u>		,,,,,,,	
	D. FEDERAL SIGNAT	URE					
con							
issu	uer (Print or Type) Signature		10.2.22	Date			
	Master Fund, L.P.			Feb	ruai	y 16,	2006
		-	I C its Ge	neral Partner	*		
	phane chilste	Advisors, E.					
		Steel					
	ATTENTION						
	Intentional misstatements or omissions of fact constitute federa	al criminal vio	olations. (S	ee 18 U.S.C. 1	001.)		

E.	S.	ΓΑ΄	TE	SI	G١	ΙΑΊ	ΓU	RE

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?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature 6	Date
K2 Master Fund, L.P.	Mo La	February 16, 200
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Stephanie Christie	Chief Financial Officer, K2 Advisors, L.L.C., its	General Partner

Instruction:

Print the names 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 not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	-			АР	PENDIX				-		
1	,	2	3		4						
	to non-a investors	I to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of ir amount purc (Part C	nvestor and hased in State – Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL				-							
AK											
AZ											
AR											
CA											
со											
СТ		Х	\$3,000,000,000	3	\$394,951,075	0	0		х		
DE											
DC	· · · · · · · · · · · · · · · · · · ·										
FL											
GA								-			
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KY											
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NM											

				AP	PENDIX						
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	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and Amount purchased in State (Part C – Item 2)		Type of investor and Amount purchased in State					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NY											
NC											
ND											
ОН											
ок											
OR											
PA											
RI											
sc											
SD											
TN											
TX											
UT	<u> </u>										
VT											
VA											
WA											
W۷											
WI											
WY											
Non		X	\$3,000,000,000	3	\$878,329,549	0	0		×		