FORM D

08063344

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

123	111	7								
ON	IB APPRO	OVAL	•							
Expires: Estimated av	OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form 16.00									
SI	EC USE O	NLY								
Prefix			Serial							
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Name of Offering	Name of Offering ( check if this is an amendment and name has changed, and indicate change.)									
Offering of membe	rship interests of K2 Long	Short Fund, LLC			<u></u>					
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	TroE/				
Type of Filing:	. New Filing				No.	.ess [8]				
Filing Under (Check box(es) that apply):										
1. Enter the inform	nation requested about the i	ssuer			En:	500g				
		endment and name h	as changed, and in	dicate change.	15/52	SECTION				
Address of Executive	Offices		(Number and Stree	et, City, State, Zip Co	de) Telephorie N	lumber (Including Area Code)				
c/o K2 Advisors, L.	L.C., 300 Atlantic Street, 1	2 <sup>th</sup> Floor, Stamford	, CT 06901			(203) 905-5358				
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Co	de) Telephone N	lumber metuding Area Code)				
(if different from Exe	cutive Offices)	•				- LUOUESSEL				
Brief Description of E	Búsiness: Private Inve	stment Company				E DEC 0 6 2006				
Type of Business Or	ganization					THOMSON				
÷	corporation	☐ limited p	artnership, already	formed		pecify) FINANCIAL				
	A. BASIC IDENTIFICATION DATA    Enter the information requested about the issuer arms of Issuer   check if this is an amendment and name has changed, and indicate change.   2 Long Short Fund, LLC   ddress of Executive Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     2 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     3 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     3 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     3 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     4 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     5 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     5 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     6 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     7 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     7 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     8 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     8 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     9 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     9 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     9 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     1 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     1 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     1 ddress of Principal Offices   (Number and Street, City, State, Zip Code)   (203) 905-5358     2 ddress of Principal Offi									
	· · -'	:								
		_			_3	ctual Li Estimated				
Jurisdiction of Incorp	oration or Organization: (E									
		Ci	n for Canada; FN fo	r otner toreign jurisdi	ction)	<u> </u>				

## 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.

Persons who respond to the collection of information contained in this form are

not required to respond unless the form displays a currently valid OMB control number.

4		A BASICI	DENTIFICATION DATA	2								
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>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;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>												
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner							
Full Name (Last name first,	if individual): K2	Advisors, L.L.C.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Street	t, 12 <sup>th</sup> Floor, Stam	ford, CT 06901							
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner							
Full Name (Last name first,	if individual): Do	ouglass III, William A.										
Business or Residence Add 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2 Advisors, L	L.C. 300 Atlantic	Street, 12 <sup>th</sup> Floor, Stamford, CT							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner							
Full Name (Last name first,	if individual): Sa	unders, David C.										
Business or Residence Add 06901	ress (Number and	Street, City, State, Zip Coo	de): <b>c/o K2 Advisors, L</b>	L.C. 300 Atlantic	Street, 12 <sup>th</sup> Floor, Stamford, CT							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner							
Full Name (Last name first,	if individual): Fe	rguson, John T.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): c/o K2 Advisors, L.	L.C. 300 Atlantic	Street, 12 <sup>th</sup> Floor, Stamford, CT 06901							
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual): Bu	nting Family Private Fund	d, LLC									
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 9690 Deereco Roa	d, Suite 700, Tim	onium, MD 21093							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):											
Business or Residence Addi	ress (Number and	Street, City, State, Zip Coo	de):									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):	<u> </u>										
Business or Residence Add	ess (Number and	Street, City, State, Zip Coo	de):									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):	· · · · · · · · · · · · · · · · · · ·										
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		· · · · · · · · · · · · · · · · · · ·							
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							

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

### Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... ☐ Yes ☒ No Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... \$1,000,000\* May be waived by the general partner Does the offering permit joint ownership of a single unit?..... ☑ Yes ☐ No 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 N/A 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) 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)..... ☐ All States $\square$ [AL] $\square$ [AK] $\square$ [AZ] $\square$ [AR] $\square$ [CA] $\square$ [CO] $\square$ [CT] $\square$ [DE] $\square$ [DC] $\square$ [FL] $\square$ [GA] $\square$ [HI] □ [IN] □ (IA) □ [KS] □ [KY] □ [LA] [ME] □ [MD] □ [MA] □ [MI] ☐ [MN] ☐ [MS] ☐ [MO] Full Name (Last name first, if individual) 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). ☐ All States $\square$ [AK] $\square$ [AZ] $\square$ [AR] $\square$ [CA] $\square$ [CO] $\square$ [CT] $\square$ [DE] $\square$ [DC] $\square$ [FL] $\square$ [GA] $\square$ [HI] $\square$ [ID] [NI] □ [IA] $\square$ [KS] $\square$ [KY] $\square$ (LA] $\square$ [ME] $\square$ [MD] $\square$ [MA] $\square$ [MI] $\square$ [MN] $\square$ [MS] $\square$ [MO] [MT] [NE] [NV] □ [NH] □ [NJ] □ [NM] □ [NY] □ [NC] □ [ND] □ [OH] □ [OK] □ [OR] □ [PA] Full Name (Last name first, if individual) 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)..... ☐ All States $\square$ [AL] $\square$ [AK] $\square$ [AZ] $\square$ [AR] $\square$ [CA] $\square$ [CO] $\square$ [CT] $\square$ [DE] $\square$ [DC] $\square$ [FL] $\square$ [GA] $\square$ [HI] □ [IA] $\square$ (KS) $\square$ (KY) $\square$ (LA) $\square$ (ME) $\square$ (MD) $\square$ (MA) $\square$ (MI) $\square$ (MN) $\square$ (MS) $\square$ (MO) $\square$ [NM] $\square$ [NY] $\square$ [NC] $\square$ [ND] $\square$ [OH] $\square$ [OK] $\square$ [OR] $\square$ [PA] □ (RI)

B. INFORMATION ABOUT OFFERING

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

# O OFFERING PRIOE ENUMBER OF INVESTORS, EXPENSES AND USE OF PRIORESTO.

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		gregate ring Price		Amount Already Sold
	Debt	\$		\$	•
•	Equity	\$		\$	
٠.	☐ Common ☐ Preferred	•			· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	\$	•	\$	· · · · · · · · · · · · · · · · · · ·
	Partnership Interests	\$		\$	
	Other (Specify) Membership Interests	\$	900,000,000	<u>\$</u>	133,455,217
	Total	<u>\$</u> .	900,000,000	\$	133,455,217
	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."				
			lumber vestors		Aggregate Dollar Amount of Purchases
	Accredited Investors	•	103	\$	<u>133,455,217</u>
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)	_	0	\$	0
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.		ypes of		Dollar Amount
	Type of Offering		ecurity		Sold .
	Rule 505	<del></del>	n/a	<u>\$</u>	n/a
	Regulation A		n/a	\$	` n/a
	Rule 504		n/a	. <u>\$</u>	n/a
	Total		n/a	\$	n/a
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	[	<u>.</u>	\$	·
	Legal Fees		☑ .	\$	57,406
	Accounting Fees	[	⊴ ′	\$	5,000
	Engineering Fees		<b>J</b>	\$_	· <del>***</del> · *** · · · · · · · · · · · · · · ·
	Sales Commissions (specify finders' fees separately)	[	3	\$	
	Other Expenses (identify))	[	<b>J</b>	\$	
	· Total	[	₫ _	\$	62,406

1	b.Enter the difference between the aggregate offering price given in response to Part C–Quand total expenses furnished in response to Part C–Question 4.a. This difference is the "acgress proceeds to the issuer."	ajustea			<u>\$</u>	<u>899,93</u>	7,594
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. at	o be an st equal	Óf Dire	ficers, ctors &			
	F .		Aff	iliates		C	Others
	Salaries and fees		\$	0		\$	0
	Purchase of real estate		\$	0		<u>\$</u>	0
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0
	Construction or leasing of plant buildings and facilities		\$	0_		<u>\$</u>	0
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger		<u>\$</u>	0		\$	0
	Repayment of indebtedness		\$	0		\$	0
	Working capital		\$	0_	$\boxtimes$	\$ 899	,937, <u>594</u>
	Other (specify):		\$	0_		\$	00
			\$	0		\$	0
	Column Totals		\$	0	$\boxtimes$	\$ 899	,937,594
	Total payments Listed (column totals added)	□·	•	<b>⋈</b> \$8	99,9	37,594	<u> </u>
	D. FEDERAL SIGNATUR		action is file	d under Pule !	505 th		
C	his issuer has duly caused this notice to be signed by the undersigned duly authorized person onstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm y the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	nission, up	on written re	equest of its s	taff, the	informati	ion furnished
İs	ssuer (Print or Type) Signature		-				
	K2 Long Short Fund, LLC  Title of Signer (Print or Type)  Title of Signer (Print or Type)			l N	ovem	<u>ser 17</u>	, 2006
		Advisor	s, L.L.C., its	Member Mai	nager		
	•						
_	ATTENTION						
	Intentional misstatements or omissions of fact constitute federal	criminal v	Section   Sect				

#### E. STATE SIGNATURE

ls 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.

- 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	Date
K2 Long Short Fund, LLC	Must	November 17, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
John T. Ferguson	Chief/Compliance Officer, K2 Advisors, L.L.C.,	its Member Manager

#### 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.

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1.	2	)	3			4		5	
			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)				
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		. X	\$900,000,000	. 2	\$2,000,000	0	\$0		х
AR									
CA		X	\$900,000,000	10	\$5,500,000	. 0	. \$0		х
СО		Х	\$900,000,000	6 .	\$15,250,000	0	\$0		х
СТ		X	\$900,000,000	5	\$3,500,867	0	\$0		X
DE		Х	\$900,000,000	2	\$2,000,000	0	\$0		х
DC									
FL		X	\$900,000,000	7	\$3,800,000	0	\$0		х
GA		Х	\$900,000,000	4	\$2,000,000	0	\$0		х
н									
ID			4						
IL		х	\$900,000,000	9	\$17,400,259	0	\$0		Х
, IN		х	\$900,000,000	1	\$2,000,000	0	\$0		х
IA									
KS									
KY		X	\$900,000,000	1	\$6,452,991	0	\$0		х
LA	,	1							
ME		X	\$900,000,000	1	\$500,000	0 .	\$0		x
MD		Х	\$900,000,000	1	\$25,000,000	0	\$0		· x -
MA		Х	\$900,000,000	1	\$1,000,000	0	· \$0		х
МІ		X	\$900,000,000	5	\$3,500,000	0	\$0		x
MN		X	\$900,000,000	1	\$500,000	0	\$0		x
MS		,							<u> </u>
МО	·			·					
МТ				•					
NE		·	<u> </u>						
NV									ļ
NH									<u> </u>
. NJ		Х	\$900,000,000	7	\$5,000,000	0	\$0	•	X
NM									

	E 4.4			AP	PENDIX					
					•					
1	:	2	3 ·	<del></del>		- 4		,	5	
	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)					
State	. Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		Х	\$900,000,000	19	\$15,250,000	. 0	\$0		х	
NC		х	\$900,000,000	2	\$9,051,000	0	\$0		х	
ND										
ОН										
ок		×	\$900,000,000	1	\$1,000,000	0	\$0		х	
OR		í "								
PA		х	\$900,000,000	6	\$6,900,000	0	\$0		х	
RI		,								
sc		X	\$900,000,000	1	\$500,000	0	\$0		X	
SD		х	\$900,000,000	1	\$750,000	0	\$0		X	
TN										
TX		Х	\$900,000,000	7 ·	\$4,350,000	0	\$0		X	
ŲŤ				· .					<u> </u>	
VT									<u> </u>	
VA		×	\$900,000,000	3	\$2,250,000	0	\$0	<u> </u>	X	
WA		 si						<u> </u>	<u> </u>	
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