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
FORM LIMITED OFFERING EXEMPTION

OMB A	APPROVAL						
Expires: Estimated average	3235-0076 April 30, 2008 ge burden 16.00						
SEC USE ONLY							
Prefix	Serial						
1	ŀ						
DATE RECEIVED							
1	1						

Name of Offering	(☐ check if this is an a	mendment and name	has changed, and ir	ndicate change.)					
Offering of limited partnership interests of K2 Investment Partners, L.P.									
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	ULOE			
Type of Filing:	☐ New Filing				HECEIVED (Control of the Contro			
		A. BASI	CIDENTIFICAT	ION DATA	JAN 2 3 200	/			
1. Enter the inform	nation requested about the	e issuer	- -		12	· pr			
Name of Issuer	check if this is an ar	mendment and name h	nas changed, and in	dicate change.		s)/			
K2 Investment Part	ners, L.P.				186/55				
Address of Executive	e Offices:	.	(Number and Stree	t, City, State, Zip Cod	e) Telephone Numbe	r (Including Area Code)			
c/o K2 Advisors, L.	L.C., 300 Atlantic Street,	, 12 th Floor, Stamford	, Connecticut 0690	1	(203)	348.5252			
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Code	e) Telephoné Numbe	r (Including Area Code)			
(if different from Exe	cutive Offices)								
,	Business: Investing d investment companie	in a diversified groups and unit trusts.	p of investment en	tities, including limite	ed partnerships, manag	od funds, separato			
Type of Business Or	ganization			 		JOE COMME			
	corporation	☑ limited p	partnership, already	formed	other (please specify)	CD 0 5 2007			
	business trust	☐ limited p	partnership, to be for	med	\	-FB 0 2 7001			
			Month	Year					
Actual or Estimated I	Date of Incorporation or O	rganization:	0 7	9	4 🖾 Actual	THOMSON Estimated			
Jurisdiction of Incorp	oration or Organization: (Enter two-letter U.S. F	Postal Service Abbre	viation for State;		Literace =			
Filing Under (Check box(es) that apply):									

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.

•		A. BASIC ID	ENTIFICATION DATA	A ¯								
 Each promoter of the Each beneficial own Each executive office 	 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:	☐ 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 Code	e): 300 Atlantic Street, 12	th Floor, Stamfor	d, Connecticut 06901							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner							
Full Name (Last name first,	if individual):	Douglass III, William	A.									
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): c/o K2 Advisors, L 300 Atlantic Street, 12 th		Connecticut 06901							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner							
Check box(es) that Apply:	☐ Promoter	☐ Delieticial Owner	™ Executive Ource:	☐ Dilector	Ceneral and or managing rather							
Full Name (Last name first,	if individual)	Saunders, David C.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): c/o K2 Advisors, L	L.C.								
			300 Atlantic Street, 12th		Connecticut 06901							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner							
Full Name (Last name first, i	if individual):	Ferguson, John T.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	c/o K2 Advisors, L 300 Atlantic Street, 12 th		Connecticut 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):	Ingram, William H.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): c/o Sutton Capital New York, NY 1002	Management Co.	, One Rockefeller Plaza, Suite 3300,							
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):	Dundee Partners c/o l	less Energy Trading Cor	p .								
Business or Residence Add	ress (Number and	Street, City, State, Zip Code	e): 1185 Avenue of the	e Americas, 40 th I	Floor, New York, NY 10036							
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 Code)):									
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 Addr	ress (Number and	Street, City, State, Zip Code)):									
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)

		···			В.	INFOR	MATION	A ABOU	TOFFE	RING			·
1. F	las the issu	uer sold, o	r does the	issuer inte	nd to sell, Answer	to non-acc also in Ap	credited inv	vestors in toolumn 2, if	his offering	g? er ULOE.		☐ Yes	⊠ No
2. V	Vhat is the	minimum i	nvestment	that will b	e accepted	from any	individual	?		*************		\$1	,000,000*
												May be wait	ved by the General Partne
3. D	oes the off	ering pem	nit joint ow	nership of	a single ur	ni t?	••••••					⊠ Yes	s □ No
a o a a	nter the inf ny commis ffering. If a nd/or with a ssociated p	sion or sing a person to a state or s persons of	nilar remur be listed i states, list i such a bro	eration for s an associ the name o ker or dea	r solicitation ciated pers of the broke	n of purcha on or age er or deale	asers in co nt of a brol er. If more	nnection viter or deal	with sales of er register (5) persons	of securitie ed with the s to be liste	es in the SEC ed are		
Full Na	ame (Last r	name first,	if individua	u))									
Busine	ss or Resid	dence Add	ress (Num	ber and S	treet, City,	State, Zip	Code)						
Name	of Associat	ed Broker	or Dealer								 .		
States (C	in Which P Check "All S	States" or o	heck indiv	ridual State	es)							· - · · · · · · · · · · · · · · · · · · ·	☐ All States
[AL]		☐ [AZ]	[AR]	☐ [CA]	□ [CO]	☐ [CT]	□ [DE]	☐ [DC]	[FL]	☐ [GA]	□ [HI]	□ [ID]	
	□ [iN]	□ [IA]	☐ [KS]	☐ [KY]	☐ [LA]	☐ [ME]		☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ (MT	. –										□ [OR]		
☐ [RI]				[גדן	[[[]]	[VT]	□ [VA]	[WA]	[VW]	□ [WI]	[VW]	□ [PR]	
Full Na	me (Last n	ame first, i	f individua	1)			··					·	
Busines	ss or Resid	ence Addi	ress (Numi	ber and St	reet, City,	State, Zip	Code)						
Name o	of Associate	ed Broker	or Dealer						.				
States i	n Which Pe heck "All S	erson Liste tates" or c	ed Has Sol heck indivi	icited or Induction	tends to S	olicit Purc	hasers	*******		,,,,,,,,,,,,			☐ All States
[AL]					□ [CO]						☐ (HI)	[ID]	
	□ [IN]	□ [IA]			□ [LA]								
□ [MT]	☐ [NE]												
☐ [RI]		☐ (SD)		[хт]		□ [VT]	□ [VA]	□ [WA]	[WV]	□ [WI]	[WY]	□ [PR]	
Full Nar	ne (Last na	ıme first, il	individual)								,	
Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)	_					
Name o	f Associate	d Broker o	or Dealer									-	
States ir (Ch	Which Peneck "All St	rson Liste ates" or ch	d Has Soli neck individ	cited or Indual States	tends to So	olicit Purch	nasers		· · · · · · · · ·				☐ All States
□ [AL]					☐ [CO]		☐ [DE]		☐ [FL]	☐ [GA]	☐ (HI)		
		[IA]		□ [KY]	□ [LA]	[ME]	[MD]	☐ [MA]	☐ (MI)	☐ [MN]	☐ [MS]	☐ [MO]	
□ [MT]	□ [NE]	□ [NV]		□ [NJ]	[MM]	[YN]	☐ [NC]	□ [ND]	[OH]	□ [OK]	□ [OR]	□ (PA)	
□ [Ri]	[SC]				□ [UT]								

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

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND I	JSE OF PROCEE	DS	
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 \(\subseteq \) 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
	Equity				0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	1,000,000,000	\$	39,779,917
	Other (Specify)	s	0	<u> </u>	
	Total	s	1,000,000,000	_	39,779,917
	Answer also in Appendix, Column 3, if filing under ULOE	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>*</u>	00,110,011
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 Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		56	\$	39,779,917
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)		. 0	\$. 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	<u>\$</u>	n/a
	Total		n/a	<u>\$</u>	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		🗖	\$	
	Legal Fees		🛛	\$	160,208
	Accounting Fees		🗖	\$	370,000
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		🛛	\$	530,208

4	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 "a gross proceeds to the issuer."	djusted	1		<u>\$</u>	999,	469,792
5	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	an st equal					
	the adjusted gross procesus to the issuer sectional in responde to that the adjusted gross procesus to the issuer sectional in responde to that the adjusted gross processes to the increase of the increase o	0010.	Ófi Dire	ficers, ctors &		•	
	Salaries and fees		\$	0		\$	0
	Purchase of real estate		\$	0		\$	0
			\$	0		\$	0
	Construction or leasing of plant buildings and facilities		\$	0		\$	0
	offering that may be used in exchange for the assets or securities of another issuer		\$	0		\$	0
	-		\$	0		\$	0
			\$	0	\boxtimes	\$ 999,4	469,792
			\$	0		\$	0
			\$	0		\$	0
	Column Totals		\$	0	\boxtimes	\$ 999,4	469,792
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 Salaries and fees							
	D. FEDERAL SIGNATUR	RE					
CO	nstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm	n. If this ission, u	notice is filed pon written re	under Rule (quest of its s	505, the taff, the	following si information	gnature furnished
		<u> </u>		Da	te		
				J.	anuar	y 19, 2	2007
Jo	hn T. Ferguson Chief Compliance Officer, K2	Advisor	s, L.L.C., its	General Part	iner		
	ATTENTION	ss proceeds to the issuer used or proposed to be mount for any purpose is not known, furnish an stimule. The total of the payments listed must equal forth in response to Part C – Question 4.b. above. Payments to Officers. Directors & Payments to Officers. Directors & Affiliates Others Payments to Officers. Directors & Payments to Officers. Directors & Affiliates I S O S C C S C					
	Intentional misstatements or omissions of fact constitute federal c	riminal	violations. (S	ee 18 U.S.C.	1001.)		

E. STATE SIGNATURE

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.

	<u> </u>	
Issuer (Print or Type)	Signature	Date
K2 Investment Partners, L/O.	you do	January 19, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
John T. Ferguson	Chief Compliance 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.

State AL AK AZ	2		3			5			
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		under Sta (if yes, explana waiver o	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		Х	\$1,000,000,000	2	\$231,096	0	\$0		х
AK									
AZ		Х	\$1,000,000,000	1	\$250,000	0	\$0		×
AR									
CA		х	\$1,000,000,000	2	\$418,000	0	\$0		×
co									
СТ									
DE		х	\$1,000,000,000	1	\$504,674	0	\$0		X
DC									<u> </u>
FL		х	\$1,000,000,000	6	\$478,421	0	\$0		×
GA		Х	\$1,000,000,000	1	\$600,000	0	\$0		×
н				<u> </u>					
ID									
IL									
IN				· · · · · · · · · · · · · · · · · · ·					
IA									
KS									
KY				<u>-</u>					
LA				··· , , , , , , , , , , , , , , , , , ,					
ME								<u> </u>	
MD									
MA		х	\$1,000,000,000	1	\$500,000	0	\$0		X
MI									
MN				· · ·			<u> </u>		
мѕ									
мо									
мт				•		 		 	
NE							-		
NV		x	\$1,000,000,000	1	\$500,000	0	\$ 0		X
NH		-+				-	· · · · · · · · · · · · · · · · · · ·		
NJ		x	\$1,000,000,000	5	\$4,075,000	0	\$0	 	×
NM					1,3,0,000	 		 	

				. A P	PENDIX				
1		2	3	4	4				
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		under Sta (if yes, explana waiver g	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
NY		Х	\$1,000,000,000	30	\$26,957,616	0	\$0		х
NC									
ND									<u> </u>
ОН							<u></u>		
ок									
OR									_
PA									
RI									
sc									
SD	l								
TN		X	\$1,000,000,000	1	\$130,000	0	\$0		×
TX		х	\$1,000,000,000	1	\$600,000	0	\$0		×
UT	<u></u>								<u> </u>
VT									<u> </u>
VA									ļ
WA									
WV									<u> </u>
WI				<u> </u>					<u> </u>
WY									<u> </u>
Non								-	