

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								
OMB Number:	3235-0076							
Expires:	April 30, 2008							
Estimated average burden								
hours per respon	se 16.00							

SEC USE ONLY							
Pretix		Serial					
DA	TE RECEIV	ED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
ARC International plc Performance Share Plan Filing Under (Check box(es) that apply)) [] ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	07070646
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
ARC International plc	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Verulam Point, Station Way, St. Albans, AL1 5HE, UK	+44 (0)20 8236 2800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<u> </u>
ARC licenses patented configurable CPU/DSP processors and multimedia subsystems.	PROCESSED
Type of Business Organization Corporation Ilimited partnership, already formed other (business trust Ilimited partnership, to be formed	please specify): JUL 1 3 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	mated FINANCIAL FIN
GENERAL INSTRUCTIONS	-
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	2. 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 twhich it is due, on the date it was mailed by United States registered or certified mail to that address.	below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support 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 ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the

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 of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director Managing Partner Full Name (Last name first, if individual) Schlachte, Carl Business or Residence Address (Number and Street, City, State, Zip Code) Verulam Point, Station Way, St. Albans, AL1 5HE, UK Check Box(es) that Apply: Promoter ☐ Beneficial Owner ✓ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Young, Victor Business or Residence Address (Number and Street, City, State, Zip Code) Verulam Point, Station Way, St. Albans, AL1 5HE, UK Promoter General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Barfield, Richard Business or Residence Address (Number and Street, City, State, Zip Code) Verulam Point, Station Way, St. Albans, AL1 5HE, UK General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Bristow, Dr. Geoff Business or Residence Address (Number and Street, City, State, Zip Code) Verulam Point, Station Way, St. Albans, AL1 5HE, UK Beneficial Owner General and/or Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Gatmore Investment Management Business or Residence Address (Number and Street, City, State, Zip Code) Gartmore House, 8 Fenchurch Place, London, EC3M 4PB UK ✓ Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Legal & General Investment Management Business or Residence Address (Number and Street, City, State, Zip Code) Bucklersbury House, 3 Queen Victoria Street, London, EC4N 8NH UK Promoter General and/or Check Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) Fidelity Investments Business or Residence Address (Number and Street, City, State, Zip Code) 25 Cannon Street, London, EC4M 5TA UK

					B. 11	NFORMAT	ION ABOU	T OFFERI	NG				Ť
1. H	fas the	issuer solo	l, or does th	ie issuer ii	atend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No Z I
						Appendix.				•		احا	
2. V	. What is the minimum investment that will be accepted from any individual?											\$	0
3. D	. Does the offering permit joint ownership of a single unit?											Yes □	No ∑
			ion request										•
Ii o	f a pers r states	on to be lis , list the na	ilar remune ted is an ass ime of the b you may so	ociated pe roker or de	rson or age caler. If mo	ent of a brok ore than five	er or deale e (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	with a state		_
Full N N/A	lame (1	.ast name	first, if indi	vidual)									
Busin	ess or	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	(ip Code)						
Name	of Ass	ociated B	oker or De	aler									
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			Listed Has 5" or check										1 States
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[]	МT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ÓK	OR	PA
	ŘΙ	SC	SD	TN	TX	[UT]	VT	VA	WA	(<u>WV</u>)	WI	WY	PR
Full N	lame (1	Last name	first, if indi	vidual)									
Busin	ess or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Name	of Ass	sociated Bi	oker or Dea	aler	····								
States	in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers				·		
((Check	"All States	or check	individual	States)	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				☐ Al	l States
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Full N	Jame (1	Last name	first, if indi	vidual)									
Buein	400 AF	Dacidanca	Address (N	Jumbaran	d Street C	Sty Stote	Zin Code)				.		
Dasin	C33 OI	Residence	Municas (1	vuilloer all	u snect, C	ny, state, i	zip Code)						
Name	of Ass	ociated Bi	oker or Dea	aler									
States	in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u>. </u>			
(1	Check	"All States	or check	individual	States)						•••••	☐ Al	l States
	ĀĻ	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
_	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO 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 the 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	An	nount Aiready Sold
	Debt		\$	
	Equity	578,545.03	\$	0
	♥ Common*			
	Convertible Securities (including warrants) "Ordinary Shares, UK equivalent to voting common stock"		\$	
	Partnership Interests			
	Other (Specify)			
	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."			Aggregate
		Number Investors		ollar Amount f Purchases
	Accredited Investors		\$	0
	Non-accredited Investors		ς	
	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.			
	The second second	Type of	D	ollar Amount
	Type of Offering	Security		Sold
	Rule 505			
	Regulation A			
	Rule 504			
	Total		\$_	
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 insurer. 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	_		1,000.0
	Accounting Fees		\$	
	Engineering Fees	_	_	
	Sales Commissions (specify finders' fees separately)	_	\$	
	Other Expenses (identify) blue sky filing fees	_	\$	300.00
	Total	[Z]	•	1,300.00

or d Payments to	\$577,245.00
d es Payments to	
•	
Officers, Directors, & Affiliates	Payments to Others
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- ATTENTION -

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

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ☑
	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 f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Forn
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by th
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.		
	her has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigne
	Print or Type) Signatúre MAN MIN Date 13 7		<i>52</i> n
	Print or Type) Title (Print or Type)	010	

Company Secretary

Instruction:

Charles Rendell

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

2 4 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Ordinary Shares (UK equivalent to Non-Accredited Accredited voting common stock) State Yes Investors Investors Yes No No Amount Amount ΑL ΑK ΑZ AR Ordinary Shares \$578,545.03 CA Х 3 \$578,545.03 X 0 0 CO CT+ DE DC FLGA Ш ID ΙL IN IΑ KS ΚY LA ME MDMA МІ MNMS

APPENDIX

APPENDIX 2 3 4 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach explanation of to non-accredited offering price Type of investor and waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Ordinary Shares (UK equivalent to Accredited Non-Accredited voting common Investors Investors Amount Yes No State Yes No Amount stock) MO MT NE NV NH NJ NM NY NC ND ОН OK OR PΑ RI SC SD TNTX UT VT٧A WAWVWI

				APP	ENDIX						
1		2	3		4						
	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State			amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

END