FORM D

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

FORM D

SEC USE ONLY								
Prefix		Serial						
DATE RECEIVED								

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

Name of Offering (Check if this is an amendment and name has changed and indicate change.) Series C Preferred Stock	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ UL. Type of Filing: ☒ New Filing ☐ Amendment	OE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (~ check if this is an amendment and name has changed, and indicate change.) SignalDemand, Inc.	-
Address of Executive Offices (Number and Street, City, State, Zip Code Telephone Num 301 Howard Street, Suite 1950 San Francisco, CA 94105 (415)-356-080	be , , , ,
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Num (if different from Executive Offices)	ber (Including Area Code)
Brief Description of Business Develop, market and sell enterprise software.	PROCESSED
Type of Business Organization	> JUL 26207
Actual or Estimated Date of Incorporation or Organization: Month Year	FINANCIAL D 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 IDENTII	TICATION DATA		· · · · · · · · · · · · · · · · · · ·
1. Enter the information req			. *		
		s been organized within the	e past five years; he vote or disposition of, 10	10% more of a aloga	of aquity coopering of the
issuer;	ving the power to	vote of dispose, of direct ti	ic vote of disposition of, To	76 more or a crass	s of equity securities of the
Each executive officer an			te general and managing pa	rtners of partners	hip issuers; and
 Each general and managing 			<u>. </u>		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Neal, Michael	01 1 10	. 01. 01. 71. 0.11			
Business or Residence Addres		•			
		Street, Suite 1950, San			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	· ·				
Hummer Winblad Ventur Venture Partners V-A, L.		P as nominee for Hum	mer Winblad Venture	Partners V, L.I	P. and Hummer Winblad
Business or Residence Addres		reet, City, State, Zip Code)			<u> </u>
c/o Hummer Winblad	Venture Partn	ers V, L.P., One Lomb	ard, Suite 300, San Fra	ncisco, CA 941	111
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Catamount Ventures	II, L.P.				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)			<u> </u>
c/o 400 Pacific Ave., 3	Brd Floor, San I	Francisco, CA 94133-46	607		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Hickey, Douglas					
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)		· · · · · ·	
c/o Hummer Winblad	Venture Partn	ers V, L.P., One Lomb	ard, Suite 300, San Fra	ncisco, CA 941	111
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Goldstein, Jon					
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)			
c/o Catamount Ventu	res II. L.P., 400	Pacific Ave., 3rd Floo	r, San Francisco, CA 94	1133-4607	
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
General Catalyst Group	•				
Business or Residence Addres		reet, City, State, Zip Code)			
20 University Road, Sui	•	-			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				manging i winoi
Simon, John	,				
Business or Residence Addres	s (Number and St	reet, City, State, Zin Code)			
		,,,,,			

c/o General Catalyst Group III, L.P., 20 University Road, Suite 450, Cambridge, MA 02138

			A. BASIC IDENTIF	ICATION DATA		
		ested of the follow			<u>-</u>	
			been organized within the			
 Each bene issuer; 	eficial owner hav	ing the power to v	ote or dispose, or direct the	e vote or disposition of, 10	% more of a class	of equity securities of the
			rate issuers and of corporat	e general and managing par	rtners of partnersh	nip issuers; and
 Each gene 	ral and managing	g partner of partne				
Check Box(es)	that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (La	st name first, if ir	idividual)				
Friend,	Scott					
Business or Re	sidence Address	(Number and Stro	eet, City, State, Zip Code)			1
c/o Sign:	alDemand, Inc	. 301 Howard	Street, Suite 1950, San	Francisco, CA 94105		
Check Box(es)	that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑Director	☐ General and/or Managing Partner
Full Name (La	st name first, if it	ndividual)				
Mankof	f, Steve					
Business or Re	sidence Address	(Number and Str	eet, City, State, Zip Code)			
c/o Sign:	alDemand, Inc	., 301 Howard	Street, Suite 1950, San	Francisco, CA 94105		
Check Box(es)		☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (La	st name first, if it	ndividual)		······································	<u>-</u>	
Business or Re	sidence Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es)	that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (La	st name first, if in	ndividual)				
Business or Re	sidence Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es)	that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (La	st name first, if it	ndividual)				
Dugingas an D	nidanaa Addeses	(Number and Sta	eet, City, State, Zip Code)			
Business of Re	sidence Address	(Number and Su	eet, City, State, Zip Code)			
Check Box(es)	that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (La	st name first, if it	ndividual)				
Business or Re	sidence Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es)	that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (La	st name first, if it	ndividual)				
Business or Re	sidence Address	(Number and Str	eet, City, State, Zip Code)			
			• • •			

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

				B. INF	ORMAT	ION ABO	UT OFF	ERING					
1. Has the is:	suer sold, or				n-accredited n			g?	***************************************	Yes □	No 区		
2. What is the minimum investment that will be accepted from any individual?						\$ <u>10,000.00</u>							
3. Does the	offering pen	mit joint ow	nership of a	single unit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes □	No ⊠		
commiss offering. with a sta	ion or simil If a person ate or states,	ar remunera to be listed i list the nam	ation for sol s an associat he of the bro	icitation of ed person or ker or dealer	s been or wi purchasers in agent of a bar. If more the information	n connection roker or deal an five (5) p	n with sale ler registered persons to be	s of securited with the SF are a	ies in the EC and/or				
Full Name (I	ast name fi	rst, if indiv	ridual)					-		. .			
Business or I	Residence A	Address (Nu	imber and S	Street, City	, State, Zip	Code)							
Name of Ass	ociated Bro	ker or Dea	ler			.							
States in Wh	ch Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						·	
(Check "A [AL] [IL] [MT] [RI]	all States" o [AK] [IN] [NE] [SC]	or check ind [AZ] [IA] [NV] [SD]	lividual Sta [AR] [KS] [NH] [TN]	tes) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	□ All S (ID) [MO [PA] [PR]	!
Full Name (I	ast name fi	irst, if indiv	ridual)	<u> </u>			· · ·						<u>.</u>
Business or I	Residence /	Address (Nu	umber and S	Street, City	, State, Zip	Code)							
Name of Ass	ociated Bro	oker or Dea	ler				 						
States in Wh	ich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers							
			lividual Sta										
[AL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[DI] [MO]	
[MT]	[NE]	[NV]	[NH]	ןנאן [נאן	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	įτχj	[UT]	įvtj	[VA]	įwaj	įwvj	[WI]	[WY]	[PR]	
Full Name (I	ast name f	irst, if indiv	/idual)										
Business or I	Residence A	Address (Ni	umber and	Street, City	, State, Zip	Code)				··· -			
Name of Ass	ociated Bro	ker or Dea	ler								-		
States in Wh	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers	<u> </u>	 					
			lividual Sta									□ All S	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]	
[IL] [MT]	[IN]	[IA]	[KS]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	IMO IPA	
[RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [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\sigma 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 Alread
	Debt	\$	\$
	Equity	\$10,000,000	\$9,799,998.03
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify:)	\$	\$
	Total	\$10,000,000	\$9,799,998.03
	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 nothing if answer is "none" or "zero."		
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$9,799,998.03
	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		\$ 75,000.00
	Accounting Fees		\$
	Engineering Fees.		\$
	Sales Commissions (specify finders' fees separately)		. \$
	Other Expenses (identify)		\$
	Total		\$ 75,000.00
	10M1		<u>φ 75,000.00</u>

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C proceeds to the issuer."	Question 4.a. This difference is the "adjusted	d gross			\$	9,924,998.84
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estima of the payments listed must equal the adjusted	te and	l			
		· .		Payments to Officers, Directors, & Affiliates		P	ayments To Others
	Salaries and fees		🗆 :	\$		□\$	
	Purchase of real estate		🗆 :	\$		□\$	
	Purchase, rental or leasing and installation o	f machinery and equipment	🗆 :	\$		□\$	
	Construction or leasing of plant buildings an	🗆 .	\$		□\$		
	Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	e assets or securities of another issuer		\$		□ \$	
	Repayment of indebtedness	🗆	\$		□\$		
	Working capital				⊠ \$	9,924,998.84	
	Other (specify):					□\$	
	Column Totals		_ 🛮	\$		⊠ \$	9,924,998.84
	Total Payments Listed (column totals added))			X	\$	9,924,998.84
		D DEDEDAL CICNATUDE					
		D. FEDERAL SIGNATURE					
signa	ssuer has duly caused this notice to be signed by the sure constitutes an undertaking by the issuer to furnation furnished by the issuer to any non-accredited	ish to the U.S. Securities and Exchange Co	mmis	sion, upon wri	der R itten	ule 505 request	of its staff, the
	(Print or Type) Demand, Inc.	Signature A			D Ji	ate ıly 20	2007
	(Print or Type) el Neal	Title (Print or Type) Chief Executive Officer					
	· ·	•					
	•	ATTENTION					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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 of such rule?		Yes No
	See Append	ix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish (CFR 239.500) at such times as required by state law	o any state administrator of any state in which this notice	is filed, a notice on Form D (17
3.	The undersigned issuer hereby undertakes to furnish offerees.	to the state administrators, upon written request, inform	nation furnished by the issuer to
4.		amiliar with the conditions that must be satisfied to be of notice is filed and understands that the issuer claiming that the been satisfied.	
	ne issuer has read this notification and knows the contents ily authorized person.	to be true and has duly caused this notice to be signed on	its behalf by the undersigned
	uer (Print or Type) gnalDemand, Inc.	Signature	Date July 20 2007
	me (Print or Type) ichael Neal	Title (Print or Type) Chief Executive Officer	1

Instruction

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.

	APPENDIX									
1	Intend to non-ac investors (Part B-	to sell ceredited s in State	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)				5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
ΛK							E			
AZ				· · · · · · · · · · · · · · · · · · ·			<u> </u>			
AR										
CA		X	10,000,000	2	\$3,917,660.66	-	-	-	х	
со									-	
СТ										
DE										
DC										
FL										
GA										
Ш										
ID	I	, -								
IL										
IN		-								
IA										
KS										
KY										
LA					·					
ME										
MD	· · · · · · · · · · · · · · · · · · ·		•							
МА		х	10,000,000	5	\$5,692,337.83	-	-	-	х	
MI	·									
MN										
MS	- · · · · ·									
МО				<u> </u>						

<u>, , , , , , , , , , , , , , , , , , , </u>					APPENDIX	_			
1	Intend to non-ac	in State	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)			5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ				··-					
NM									
NY		X	10,000,000	1	\$189,999.54			 	Х
NC								1	
NĐ								 	
ОН							.,, .		
ОК							·	<u> </u>	
OR	·								
PA							· · · · ·	<u> </u>	
RI		,							
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
Wi									
WY									
PR									