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

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OMB APPROVAL

OMB Number: 3235-0076

April 30, 2008 Expires:

Estimated average burden Hours per response: 16.00

	SEC USE	ONLY
Prefix		Serial
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Filing Under (Check box(es) the	nat apply): 🗌 Rule 504 🔲 Rule	505 🛛 Rule	e 506 🔲 Sect	tion 4(6) ULOE	
Type of Filing: New Fi	ling				
	A. BASI	C IDENTIFIC	ATION DATA		
1. Enter the information reques	sted about the issuer				
Name of Issuer (check if the Davidson Kempner Event D	nis is an amendment and name has c riven Equities Fund LP	hanged, and in	dicate change.)		07074503
	Number and Street, City, State, Zip				(Including Area Code)
	t 55th Street, 19th Floor, New Y Operations (Number and Street, City ices)				2) 446-4000 r (Including Area Code)
Brief Description of Business	To operate as a private investme	ent limited part	nership.	B	2200
Type of Business Organization	·	· ·			PROCESSE:
corporation		eady formed	□ o	ther (please specify):	AUG 1 3 2007
☐ business trust	☐ limited partnership, to	be formed			THOMSON
Actual or Estimated Date of Inc	corporation or Organization:	Month 03	Year <u>07</u>	☑ Actual ☐ E	FINANCIAI stimated
Jurisdiction of Incorporation or	Organization (Enter two-letter U.S CN for Canada; FN				DE.

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 IDEN	TIFICATION DATA		
2.	En	ter the informat	ion requested for th	e following:			·
	o	Each promote	er of the issuer, if th	ie issuer has been organized	within the past five years;		
	o	Each benefici of the issuer;	al owner having the	e power to vote or dispose,	or direct the vote or disposition	on of, 10% or more o	f a class of equity securities
	o	Each executiv	e officer and direc	tor of corporate issuers and	of corporate general and man	aging partners of par	tnership issuers; and
	o	Each general	and managing part	ner of partnership issuers.			
Check	Box(e	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General Partner
		Last name first, oup LLC	f individual)				
		Residence Addr		er and Street, City, State, Zi	p Code)		·····
		n Street, 19th (es) that Apply:	Promoter	New York 10022 Beneficial Owner	Executive Officer	Director	Managing Member of the General Partner
	•	Last name first, i	f individual)				
		Residence Addre	,	er and Street, City, State, Zi	p Code)		<u>·</u>
		h Street, 19th les) that Apply:	Floor, New York, Promoter	New York 10022 Beneficial Owner	Executive Officer	Director	Managing Member of
							the General Partner
		Last name first, i larvin H.	f individual)				
		Residence Addre		er and Street, City, State, Zi New York 10022	p Code)		
		es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	Managing Member of the General Partner
	lame (I	Last name first, i	f individual)				
		Residence Addr	•	er and Street, City, State, Zi	p Code)		
		h Street, 19th I s) that Apply:	Promoter	New York 10022 Beneficial Owner	Executive Officer	Director	Managing Member of
	- 5(,					the General Partner
	ame (I	Last name first, i	f individual)				
		Residence Addre		er and Street, City, State, Zip	p Code)	-	
		n Street, 19th les) that Apply:	Promoter	New York 10022 Beneficial Owner	Executive Officer	Director	Managing Member of the General Partner
Full N Leffel		Last name first, i	f individual)				
		Residence Addre	`	er and Street, City, State, Zi New York 10022	p Code)		
		es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Member of the General Partner
	ame (l	Last name first, in	f individual)				
		Residence Addre h Street, 19th l	,	er and Street, City, State, Zij New York 10022	p Code)		

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Managing Member of the General Partner
Full Name (Last name first, if Brivio, Robert J.	individual)				
Business or Residence Addre 65 East 55th Street, 19th F		er and Street, City, State, Zi New York 10022	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Managing Member of the General Partner
Full Name (Last name first, if Epstein, Eric P.	individual)				
Business or Residence Addre	,	er and Street, City, State, Zi	p Code)		· ······
65 East 55th Street, 19th F Check Box(es) that Apply:	loor, New York, Promoter	New York 10022 Beneficial Owner	Executive Officer	☐ Director	Managing Member of the General Partner
Full Name (Last name first, if Yoseloff, Anthony A.	individual)				
Business or Residence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		
65 East 55th Street, 19th F Check Box(es) that Apply:	loor, New York, Promoter	New York 10022 Beneficial Owner	Executive Officer	☐ Director	Managing Member of the General Partner
Full Name (Last name first, if Friedman, Avram Z.	individual)				
Business or Residence Addres 65 East 55th Street, 19th F	(er and Street, City, State, Zi New York 10022	p Code)		

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

					В.	INFORMA	TION AB	OUT OFFE	RING				
1.						l, to non-ac g under UL		vestors in t	his offering	;?	Yes	No ⊠	
2.	What is	s the minin	num investr	nent that w	ill be acce	oted from a	ny individu	ıal			\$2,	* 000,000	
	*5	Subject to t	he discretion	on of the G	eneral Parti	ner to accep	ot lesser am	ounts.			Va	a No	
3.	Does th	ne offering	permit join	ıt ownershi	p of a singl	e unit			*********		Yc ⊠		
4.	Enter the	he informa	tion reques	ted for eacl	n person wi	ho has been	or will be	paid or giv	en, directly	or indirect	tly, any cor	nmission or	
	remune	eration for :	solicitation or dealer re	of purchas	ers in conn	ection with	sales of se	curities in t	the offering	i. If a perso	on to be list	ed is an ass If more the	sociated person or
		s to be liste											only. Not
Full Na			t, if individ	ual)				•	•				
Busine	ss or Res	idence Ade	dress (Num	ber and Str	eet, City, S	State, Zip C	ode)			<u>.</u>	.		
Name o	of Associ	ated Broke	r or Dealer										
			ted Has So or check in			olicit Purch	asers				<u> </u>	☐ Al	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НП	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	(OK) (WI)	[OR] [WY]	[PA] [PR]
Full Na	ime (Las	t name first	t, if individ	ual)									
Busines	ss or Res	idence Add	dress (Num	ber and Str	eet, City, S	state, Zip C	ode)						
Name o	of Associ	ated Broke	r or Dealer		-								
			ted Has So or check in			olicit Purch	asers					☐ AI	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	(lA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Na	ıme (Lası	name first	, if individ	ual)									
Busines	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	state, Zip C	ode)						
Name o	of Associ	ated Broke	r or Dealer										
			ted Has Solor check in			olicit Purch	asers					□ All	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] ISDI	(NH) (TN)	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] IVAI	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] IPRI

(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

"none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the securities offered for exchange and already exchanged.	ready sold. Enter "0" if ans the columns below the am-	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt		\$0
Equity		\$0
[] Common [] Preferred		30
Convertible Securities (including warrants)	\$0	\$ 0
Partnership Interests	 	\$56,810,000
Other (Specify)		\$0
Total		
Answer also in Appendix, Column 3, if filing under ULOE.	\$2,000,000,000	\$56,810,000
amounts of their purchases. For offerings under Rule 504, indicate the number of persons who aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "a Accredited Investors	zero." Number Investors	Aggregate Dollar Amount of Purchases \$56,810,000
		
Non-accredited Investors Total (for filing under Rule 504 only)		\$0 \$
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all sec offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in t type listed in Part C - Question 1.	curities sold by the issuer, to	rities by
Type of Offering	Type of Security	
Rule 505		\$
Regulation A		
Rule 504		<u> </u>
Total	· · · · · · · · · · · · · · · · · · ·	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the se amounts relating solely to organization expenses of the issuer. The information may be given as the amount of an expenditure is not known, furnish an estimate and check the box to the left of the amount of an expenditure is not known, furnish an estimate and check the box to the left of the second content of the	ecurities in this offering. Ex subject to future continge	
Transfer Agent's Fees	[\$ 0
Printing and Engraving Costs		x]
Legal Fees		X] \$*
Accounting Fees		X] \$*
Engineering Fees	[] \$0_
Sales Commissions (specify finders' fees separately)	[] \$0
Sales Commissions (specify finders' fees separately) Other Expenses (identify)	•	• -

^{*}All offering and organizational expenses are estimated not to exceed \$125,000

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

	expenses furnished in response to Part C - Question 4.a. This difference issuer."							\$1,999,875,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer purposes shown. If the amount for any purpose is not known, furnish a estimate. The total of the payments listed must equal the adjusted gros C - Question 4.b above.	an estim	ate	and c	heck the box to th	e left-	of the	
					Payments to Officers, Directors. & Affiliates			Payments to Others
	Salaries and fees		[]	\$	1	J	\$
	Purchase of real estate	*****	ί	1	\$	[]	\$
	Purchase, rental or leasing and installation of machinery and equipmen	t	[]	\$	1]	\$
	Construction or leasing of plant buildings and facilities		[1	\$	Į]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		[1	\$	I]	\$
	Repayment of indebtedness		[]	\$	1	J	<u>s</u>
	Working capital	******	[]	\$	l]	\$
	Other (specify): Investment Capital		[1	\$	[]	x j	\$1.999.875,000
	Column Totals		[1	\$	_	X] 0.875	
					·			
sigr	D. FEDERA issuer has duly caused this notice to be signed by the undersigned duly ature constitutes an undertaking by the issuer to furnish to the U.S. Securmation furnished by the issuer to any non-accredited investor pursuant	authoriz irities ai	ed nd E	perso: Excha	nge Commission.	filed upon	unde	r Rule 505, the follow en request of its staff.
ssu	er (Print or Type)	ture					D	ate
av	vidson Kempner Event Driven Equities Fund LP	Mu	4	<u>, </u>	Jeuny1	<u> </u>	\perp	8/9/0>
	ne of Signer (Print or Type) Title of	of Signe	r (P	rint o	r Type)			• •
lan					Member of the			

	E. STATE SIGNATURE
ι.	Yes No ls any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response. Not applicable
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. Not applicable
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
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. Not applicable
	e 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 dersigned duly authorized person.
Iss	suer (Print or Type) Date Date
Da	avidson Kempner Event Driven Equities Fund LP
Na	me of Signer (Print or Type) Title of Signer (Print or Type)
_Th	nomas L. Kempner, Jr. Executive Managing Member of the General Partner

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

	DAVIDSON KEMPNER EVENT DRIVEN EQUITIES FUND LP												
1	2 3 4							5 Not Applicable Disqualification under State ULOE					
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)								
			Limited Partnership Interests	Number of Accredited		Number of Non- Accredited							
State	Yes	No	\$2,000,000,000	Investors	Amount	Investors	Amount	Yes	No				
AK													
AL													
AR AZ													
CA													
CO													
CT													
DC	·								i				
DE						<u>-</u>							
FL			· · · · ·										
GA													
ні													
IA													
ID													
IL		Х	х	1	\$560,000	0	0	·					
IN													
KS													
KY													
LA			<u> </u>	<u> </u>									
MA													
MD				-·· -									
ME				-									
MI													
MN								<u> </u>					
MO				-									
MS			-										
MT													
NC													

APPENDIX

	DAVIDSON KEMPNER EVENT DRIVEN EQUITIES FUND LP 1 2 3 4 5												
1	Intend to non-acco invest Sta (Part B-	o sell to redited ors in	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	4 nvestor and amou (Part C-lte	ınt purchased in em 2)	State	Not Ap Disqual under Sta (if yes explan waiver	plicable ification ate ULOE , attach ation of granted) -Item 1)				
State	Yes	No	Limited Partnership Interests \$2,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No				
ND	ļ												
NE													
NH NJ													
NM													
NV													
NY		Х	x	8	\$51,250,000	0	0						
ОН													
ОК													
OR													
PA		Х	х	1	\$5,000,000	0	0		_				
PR													
RI													
SC													
SD													
TN													
TX													
UT													
VA													
VI							!						
VT		·											
WA							ļ						
WI													
WV_	-							· · · · · · · · · · · · · · · · · · ·					
WY						<u></u>							

END