# FÖRM D AUG 1 & 2007

**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

C	MB AF	PROVAL	

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden 16.00 hours per response:

	SEC	USE ONL	Y
Prefix			Serial
	DATE	RECEIVE	D
	1		

Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)	
Trilogy: Non-US Equity Offshore L.P. (f/k/a Goldman Sachs GMS International Equity A	dvisers 4 (Trilogy) (Cayman), L.P.): Limited
Partnership Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☑ Amendment	
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.)	
Trilogy: Non-US Equity Offshore L.P. (f/k/a Goldman Sachs GMS International Equity A	dvisers 4 (Trilogy) (Cayman), L.P.)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004	(212) 902-1000
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Cod)
(if different from Executive Offices)	
Brief Description of Business	
To operate as a private investment fund.	F IZBÎNÎ DENJ JOEH BRIN TABBI BUDI WEN YBRIN DEN JOEH
THOMSON	07075170 ·
Type of Business Organization   limited partnership, alraMANGIA	other (please specify):
□ business trust □ limited partnership, to be formed	Exempted Limited Partnership
innice parties trust	Exempted Ellinted Farthership
Month Year	
Actual or Estimated Date of Incorporation or Organization:  0 6 0 6	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat	ion for
State: CN for Canada; FN for other foreign juri	

#### 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.

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.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
2. 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)
GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner)
Business or Residence Address (Number and Street, City, State, Zip Code)
Walkers SPV Limited, Walker House, P.O. Box 908GT, Mary Street, George Town, Grand Cayman, Cayman Islands  Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer □ Director □ General and/or
Managing Partner
Full Name (Last name first, if individual)
Loyola Academy
Business or Residence Address (Number and Street, City, State, Zip Code)
1100 North Laramie Avenue, Wilmette, Illinois 60091
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Pacific First Investment Corp.
Business or Residence Address (Number and Street, City, State, Zip Code)
Overseas Management Co., R.G. Hodge Plaza, 2nd Floor, Wickham, Road Town, Tortola, British Virgin Islands
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Cordelia Corporation
Business or Residence Address (Number and Street, City, State, Zip Code)
990 N. Sierra St., Reno, NV 89503-3719
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's General Partner ☐ Managing Partner
Full Name (Last name first, if individual)
Aakko, Markus
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's General Partner Managing Partner
Full Name (Last name first, if individual)
Gottlieb, Jason
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or

Managing Partner

\* of the Issuer's General Partner

Check Box(es) that Apply:

Kelly, Edward

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004

#### A. BASIC IDENTIFICATION DATA 2. 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. ☐ Beneficial Owner ☑ Executive Officer\* Director General and/or Check Box(es) that Apply: ☐ Promoter \* of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Kramer, J. Douglas Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004 Executive Officer\* Director □ Beneficial Owner ☑ General and/or Check Box(es) that Apply: ☐ Promoter \* of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Ross, Hugh M. (Number and Street, City, State, Zip Code) Business or Residence Address c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer\* □ Director $\Box$ General and/or \* of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Wade, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, NY 10004 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ Promoter General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (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, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: ☐ Promoter Director

Managing Partner

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

				B. INI	FORMAT	ION ABO	UT OFFI	ERING				
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									$\square$			
			A	nswer also	in Appendi	ix, Column	2, if filing u	nder ULOE	<b>.</b> .			
;	What is the subscriptions	s below the r									\$ 100	0,000*
	-	r									Yes	No
	he offering										Ø	
commi If a pe or state	the informatission or singlession to be lies, list the ner or dealer,	nilar remund sted is an a ame of the	eration for s ssociated pe broker or de	olicitation rson or age ealer. If mo	of purchases int of a brok ore than five	rs in connecter or dealer e (5) person	ction with sa registered v s to be liste	ales of secur with the SE	rities in the C and/or wi	offering. th a state		
Full Name	(Last name	first, if ind	ividual)						-			
·	, Sachs & C											
	h the securi r in any juri		sold throug	gh Goldma	n, Sachs &	Co., no coi	nmissions v	will be paid	, directly o	r indirectly	, for solicit	ing any
Business of	or Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, New	York, Nev	w York 100	04								
	Associated B											
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers					·	
	All States" o									••••••	🗹 A	Il States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
rull Name	e (Last name	tirst, if ind	ividual)									
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated B	roker or De	ealer			-						
	Which Perso All States" o									************		I States
[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	lividual)									
Business	or Residence	Address (I	Number and	Street, Cit	y, State, Zip	Code)		<del></del>				
Name of A	Associated B	Broker or De	ealer	<u>,,</u>							<del>.</del>	
	Which Perso 'All States" o											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
មេរា	(SC)	เรตา	[TN]	(TY)	HT	ίντι	[VA]	[WA]	[WV]	fWII	IWYI	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV]

(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 answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) 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	\$ 0
	Equity (Shares)	\$_	0	\$ 0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	11,168,500	\$ 11,168,500
	Other (Specify: )	\$_	0	\$ 
	Total	\$_	11,168,500	\$ 11,168,500
	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."			
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_	9	\$ 11,168,500
	Non-accredited Investors	_	0	\$ 0
	Total (for filings under Rule 504 only)	_	N/A	\$ N/A
3.	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 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	Dollar Amount
	Type of offering		Security	Sold
	Rule 505	_	N/A	\$ N/A
	Regulation A	_	N/A	\$ N/A
	Rule 504		N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	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 the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		☑	\$ 3,284
	Accounting Fees			\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)			\$ 0
	Total		Ø	\$ 3,284

	C. OFFERING PRICE, I	NUMBER OF INVESTORS, EX	PENS	SES A	AND USE OF P	ROCE	EDS			
	<ul> <li>b. Enter the difference between the aggre</li> <li>- Question 1 and total expenses furnished</li> <li>difference is the "adjusted gross proceeds to</li> </ul>	I in response to Part C - Question 4.	a. Th	is		\$_		11,165,216		
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box to payments listed must equal the adjusted great of Part C - Question 4.b. above.	If the amount for any purpose is not to the left of the estimate. The total	know of the	n, 1e						
					Payments to Officers, Directors, & Affiliates			Payments To Others		
	Salaries and Fees			\$_	0	. 🗆	\$_	0		
	Purchase of real estate			\$_	0	. 🗆	\$_	0		
	Purchase, rental or leasing and installation	of machinery and equipment		\$_	0	. 🗅	\$_	0		
	Construction or leasing of plant buildings a	nd facilities		\$_	0	. 🗆	\$_	0		
	Acquisition of other businesses (including this offering that may be used in exchar another issuer pursuant to a merger)	age for the assets or securities of		\$	0		\$	0		
	Repayment of indebtedness		_	\$ - \$	0		° –	0		
	Working capital			* - \$	0		°-	0		
	Other (specify): Investment Capital			\$ - \$	0	. <u>–</u>	ς –	11,165,216		
	Column Totals			\$ -	0	. – Ø	\$ — \$	11,165,216		
			_	*-			<u> </u>	11,100,210		
Total Payments Listed (column totals added)				<b>🛮</b> \$			11,165,216			
_		D. FEDERAL SIGNATU	RE.							
fc	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the issuer.	by the issuer to furnish to the U.S. S	ecurit	ies an	d Exchange Comn	ission,	upon	Rule 505, the written request		
	uer (Print or Type)	Signature			Date			<del></del>		
Gol	logy: Non-US Equity Offshore L.P. (f/k/a Idman Sachs GMS International Equity visers 4 (Trilogy) (Cayman), L.P.)	Caroline Krast			August <u>B</u> , 2007					
Var	ne of Signer (Print or Type)	Title of Signer (Print or Type)								
	roline Kraus	Assistant Secretary of the Issuer's (	Gener	al Pa:	rtner					

**ATTENTION** 

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