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

OMB AFFROVAL					
OMB Number:	3235-0076				
	30, 2008				
Estimated average burden					
hours per response: 16.00					

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SEC USE ONLY						
Prefix		Serial				
	DATE R	ECEIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Non-US Equity Managers: Portfolio 3 LLC 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.) Non-US Equity Managers: Portfolio 3 LLC Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; City, for other foreign jurisdiction) (Enter two-letter U.S. Postal Service abbreviation) (Enter two-letter U.S. Postal Service abbreviation for State; City, for other foreign jurisdiction)			
Filing Under (Check box(es) that apply):			
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.) Non-US Equity Managers: Portfolio 3 LLC Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation limited partnership, already formed limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for			
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1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Non-US Equity Managers: Portfolio 3 LLC Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation business trust I limited partnership, already formed limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	Type of Filing: ☐ New Filing ☑ Amend	ment	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Non-US Equity Managers: Portfolio 3 LLC Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation limited partnership, already formed with the corporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for		A. BASIC IDENTIFICATION DATA	
Non-US Equity Managers: Portfolio 3 LLC Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation business trust Imited partnership, already formed business trust Imited partnership, to be formed	1. Enter the information requested about the iss	suer	
Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation business trust I limited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	Name of Issuer (check if this is an amenda	nent and name has changed, and indicate change.)	JACATI COM HOW FRANCISCH OND HOU AND AND HAD
Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation business trust I limited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	Non-US Equity Managers: Portfolio 3 LL	.c	07075182
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited Liability Compsilinance Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for			Telephone Number (including Area Code)
Brief Description of Business To operate as a private investment fund. Type of Business Organization Corporation Dusiness trust Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	One New York Plaza, New York, New Yo	ork 10004	(212) 902-1000
Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation limited partnership, already formed other (please specify): THOMSON limited partnership, to be formed Limited Liability Comparinance Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated		(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
Type of Business Organization corporation	(if different from Executive Offices)		
Type of Business Organization corporation	Brief Description of Business		PROCESSED
Type of Business Organization corporation	•		2
Corporation Ilimited partnership, already formed Other (please specify): THOMSON Limited Liability Comparing Limited Liability Comparing			AUG 2 3 2007
Durisdiction of Incorporation or Organization: Limited Liability Comparison	Type of Business Organization		
Actual or Estimated Date of Incorporation or Organization: Month Year	☐ corporation	☐ limited partnership, already formed	☑ other (please specify): [HOMSON
Actual or Estimated Date of Incorporation or Organization: 0 4 0 7	☐ business trust	☐ limited partnership, to be formed	Limited Liability CompaINANCIAL
Actual or Estimated Date of Incorporation or Organization: 0 4 0 7		M- Al V	
	Actual or Estimated Date of Incorporation or Or		☑ Actual ☐ Estimated
	Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia	tion for
State. Civilit Califada, 11 Vol Califa Toroga Januarion /	-	State: CN for Canada; FN for other foreign jur	

UNIFORM LIMITED OFFERING EXEMPTION

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.

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)								
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, New York 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Manager Managing Partner								
Full Name (Last name first, if individual)								
Aakko, Markus								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, New York 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Manager Managing Partner								
Full Name (Last name first, if individual)								
Gottlieb, Jason								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, New York 10004								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Kelly, Edward								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, New York 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Manager Managing Partner								
Full Name (Last name first, if individual)								
Kramer, J. Douglas								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, New York 10004								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or * of the Issuer's Manager Managing Partner								
Full Name (Last name first, if individual)								
Ross, Hugh M.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, New York 10004								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Wade, Matthew								

Business or Residence Address (Number and Street, City, State, Zip Code)

One New York Plaza, New York, New York 10004

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
		-									Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø			
			A	Answer also	in Append	ix, Column	2, if filing	ander ULOI	Ξ.			
2. What is the minimum investment that will be accepted from any individual?									\$	*		
*The Issu	er's Manag	ger may in i	ts sole disc	retion acce	pt subscrip	tion amour	its in what	ever amoun	it it determ	ines is	Yes	No
acceptable	e. he offering			- .	:49						. r cs	
4. Enter	the informa	ition reques	ted for each	h person w	ho has been	n or will be	e paid or g	iven, direct	ly or indire	offering		
If a pe	rson to be l	isted is an a	ssociated pe	erson or age	ent of a brok	er or dealer	registered	with the SE	C and/or wi	ith a state		
	es, list the n							d are associ	ated person	s of such		
	er or dealer,			ntormation	for that bro	ker or deale	er only.			 -		
Full Name	: (Last name	e first, if ind	ividual)									
Goldman,	Sachs & C	*										
*Although	h the securi	ities will be	sold throu	gh Goldma	n, Sachs &	Co., no coi	mmissions	will be paid	l, directly o	or indirectly	, for solicit	ing any
purchaser	r in any jur	isdiction.		_								
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Nev	w York 10	004								
Name of A	Associated E	Broker or De	ealer									
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers			-			
(Check ".	All States"	or check ind	lividual Stat	es)					***************************************		🗹 Ai	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[JA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[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	(Last name	tirst, it ind	ividual)									
D	or Residence	. A Jd (N	المحمد عامديا	Strong City	Ctata Zim	Cada						
Dusiness C	or Residence	: Address (1	Number and	Street, City	y, State, Zip	Code						
Name of A	Associated E	Dealess on De	-al									
Name of A	Associated E	broker or Do	aler									
	Which Perso											1.54-4
•	All States"			•								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] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[WI]	[WY]	[PR]
	(Last name			[17]	[01]	[, , ,	[VA]	[""]	[,,,]	[,,,]	[" 1]	
	(, , , , , , , , , , , , , , , , , , , ,	,									
Business of	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)				 		
		`		, ,		,						
Name of A	Associated E	Broker or Do	ealer									
	Which Perso											
(Check ".	All States"	or check ind	lividual Stat	tes)								All 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]	[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]

(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	\$	0	_	\$	0
	☐ Common ☐ Preferred	_		-	_	
	Convertible Securities (including warrants)	\$	0	_	\$_	0
	Partnership Interests	_		_	\$_	0
	Other (Specify): Limited Liability Company Units	\$	57,200,000	-	\$_	
	Total	-		_		57,200,000
	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			Aggregate Dollar Amount
			Investors			of Purchases
	Accredited Investors	_	99	-	\$_	57,200,000
	Non-accredited Investors	_	0	-	\$_	0
	Total (for filings under Rule 504 only)	_	N/A	-	\$ _	N/A
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			Dollar Amount
	Type of offering		Security		œ.	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		ゼ		\$_	34,605
	Accounting Fees				\$_	0
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)				\$	0
	Other Expenses (identify)				\$	0
	Total		Ø		\$	34,605
					-	•

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXP	ENS	ES A	AND USE OF PI	ROCE	EDS			
	 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 							57,165,395		
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be 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			Payments To Others		
	Salaries and Fees			\$_	0		\$_	0		
	Purchase of real estate			\$_	0		\$_	0		
	Purchase, rental or leasing and installation of machi	inery and equipment		\$_	0		\$_	0		
	Construction or leasing of plant buildings and facili	ties		\$_	0	. 🗆	\$	0		
	Acquisition of other businesses (including the valuthis offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of		\$	0		\$	0		
	Repayment of indebtedness			\$ - \$	0		\$ - \$	0		
	Working capital			\$	0		\$ -	0		
	Other (Specify): Limited Liability Company Unit			s –	0	2	\$	57,165,395		
	Column Totals			\$. 2	\$	57,165,395		
	Total Payments Listed (column totals added)						57,165,395			
		D. FEDERAL SIGNATUI	RE				_			
fe	he issuer has duly caused this notice to be signed bllowing signature constitutes an undertaking by the fits staff, the information furnished by the issuer to an	issuer to furnish to the U.S. Se	curiti	ies an	d Exchange Comm	nission,	upon			
	ner (Print or Type) n-US Equity Managers: Portfolio 3 LLC	Signature Coupling 4	<u>-</u> .		Date August 3, 2007					
Name of Signer (Print or Type) Caroline Kraus Title of Signer (Print or Type) Assistant Secretary of the Issuer's Managing Memb							•	-		



ATTENTION

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