

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

AUG 2 7 2007

OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
bours per response......16.00

hours per respon	sc16.00					
SEC USI	ONLY					
Prefix	Serial					
DATE RECEIVED						

CINANCIAL

	f this is an amendment and name has changed, and indicat	te change.)			
	Preferred Stock of Oxyplus, Inc.				
Filing Under (Check box(es) t	hat apply): 🗌 Rule 504 🔲 Rule 505 🔀 Rule 506 🔲 S	Section 4(6) ULOE			
Type of Filing: New Filing					
	A. BASIC IDENTIFIC	CATION DATA			
1. Enter the information reque	ested about the issuer				
Name of Issuer ( check if the	nis is an amendment and name has changed, and indicate of	hange.)			
Oxyplus, Inc.	<b>6</b> ,	<b></b>			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (includin	g Area Code)		
300 Market Street, Boston, N		(617) 719-9489			
Address of Principal Business	Operations (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)			
(if different from Executive O	ffices)	, , , , , , , , , , , , , , , , , , ,			
Brief Description of Business					
Development of novel therap	eutic agents for human diseases.				
Type of Business Organization		······································			
orporation	☐limited partnership, already formed		<b>DDO</b>		
•		other (please specify):	PROCESSED		
☐ business trust	limited partnership, to be formed		OOLOOLD		
	Month Year		A110 0 1		
Actual or Estimated Date of In	corporation or Organization: 0 3 0 4		AUG 3 1 2007		
Jurisdiction of Incorporation o	r Organization: (Enter two-letter U.S. Postal Service abbi	reviation for State:	TD .		
•	CN for Canada; FN for other for		<b>► THOMSON</b>		
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# 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. 774(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 collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

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		A. BASIC I	DENTIFICATION DAT	ГА				
<ol> <li>Enter the information requested for the following:         <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>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;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> </li> </ol>								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first Bletzer Jr., Conrad J.	, if individual)							
Business or Residence Add c/o Oxyplus, Inc., 300 Marke			o Code)					
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, Lehn, Jean-Marie								
Business or Residence Add c/o Oxyplus, Inc., 300 Marke			Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, Nicolau, Claude	, if individual)							
Business or Residence Add c/o Oxyplus, Inc., 300 Market			Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director     □ Director	General and/or Managing Partner			
Full Name (Last name first, Ollier, Michele	·							
Business or Residence Add c/o Oxyplus, Inc., 300 Market			Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Rubertis, Francesco de								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Oxyplus, Inc., 300 Market Street, Boston, MA 02135								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Bletzer Family Trust	Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Oxyplus, Inc., 300 Market Street, Boston, MA 02135								
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first,	full Name (Last name first, if individual)							

☐ Director ☐ General and/or Managing Partner

Index Ventures III (Delaware) L.P.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 641, No. 1 Seaton Place, St. Helier, Jersey JE4 8YJ, Channel Islands

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

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer

					B. INFO	RMATIO	N ABOU	T OFFER	RING					
1. Has	the issuer sol	ld, or does t	he issuer in	tend to sell,	, to non-acc	redited inve	estors in thi	s offering?	***************************************		***************************************		Yes	No ⊠
				,	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2. Wha	at is the minir	num invest	ment that w	ill be accep	ted from an	y individus	ıl?					********	\$ N/A	
3. Doe	s the offering	; permit joir	ıt ownership	of a single	unit?							*******	Yes	No
													⊠	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Name N/A	(Last name fi	rst, if indiv	idual)											
	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (	Code)					•			
Name of A	ssociated Bro	ker or Deal	er			<u> </u>								
States in W	hich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						· · · · · · · · · · · · · · · · · · ·		
(Chec	k "All States	" or check i	ndividual S	tates)			******************				All States			
[AL] [IL] [MT]	(AK) (IN) [NE]	[A2] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	(ID) (MO) [PA]		
[RI] Full Name	[SC] (Last name fi	[SD] rst, if indiv	[TN] idual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	Residence A			treet. City.	State, Zip C	ode)							· · · · · · · · ·	
	ssociated Bro			,										
														_
	hich Person I													
(Check "Al	1 States" or cl	heck individ	iuai States)			*************	**************		•••••••••••••		All States			
(AL) [IL] [MT] [RI]	[AK] [IN] [NE] (SC)	[AZ] [IA] [NV] [SD]	[AR] (KS] [NH] (TN]	[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]	(ID) (MO) [PA] (PR)		
	(Last name fi		$\rightarrow$	[-25]	[0.]		1,3,451	[]	[***]	11	. []	(* * *)		
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)								
Name of A	ssociated Bro	ker or Deal	er er			<u>-</u> .								
States in W	hich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "Al	l States" or cl	heck individ	iual States)								All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
(il) (MT) (RI)	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	įkyj [NJ] [TX]	[LA] [NM] [UT]	(ME) (NY) (VT)	(MD) (NC) (VA)	[MA] [ND] [WA]	į́ΜΪ́] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	(MÖ) (PA) (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 \( \square\) 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	\$	s
	Equity	\$ 5,333,430	\$ 5,333,430
	☑ Common ☑ Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests	\$	s
	Other (Specify)	\$	s
	Total	\$ 5,333,430	\$ 5,333,430
	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	\$ 5,333,430
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		S
	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		S
	Regulation A		S
	Rule 504		S
	Total		S
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		s
	Printing and Engraving Costs		S
	Legal Fees	⊠	\$ 125,000
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		5
	Other Expenses (identify)		S
	Tami	EDI	£ 135 000

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
4.		ering price given in response to Part C - Question 1 and total on 4.a. This difference is the "adjusted gross proceeds to the		\$ 5,208,430
5.	the purposes shown. If the amount for any purpose	rocceds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the ed must equal the adjusted gross proceeds to the issuer set		
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		<u>                                   </u>	□s
	Purchase of real estate		🗆 s	□s
	Purchase, rental or leasing and installation of mac	hinery and equipment	🗆 s	□s
	Construction or leasing of plant buildings and fac	lities		□ <b>s</b>
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse pursuant to a merger)		s	□s
	Repayment of indebtedness		🗆 \$	□s
	Working capital		🗆 S	☑ \$ 5,208,430
	Other (specify):		□s	□s
	Column Totals		🗆 s	⊠ \$ 5,208,430
	Total Payments Listed (column totals added)		🛛 \$ 5,208	,430
			<u></u>	
	<del></del>	D. FEDERAL SIGNATURE		
ın uı	issuer has duly caused this notice to be signed by the dertaking by the issuer to firmish to the U.S. Secur accredited investor pursuant to paragraph (b)(2) of	e undersigned duly authorized person. If this notice is filed ities and Exchange Commission, upon written request of its Rule 502.	under Rule 505, the followir staff, the information furnish	ng signature constitutes ned by the issuer to any
Iss	uer (Print or Type)	Signature), lu //	ate 77	
	yplus, Inc.		ugust 23,2007	
	me of Signer (Print or Type) nrad J. Bletzer, Jr.	Title of Signer (Phint or Type) President and Chief Executive Officer		
-CO	men o. Dierrel al.	Trespent with Chief Steentive Offices.		

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

ATTENTION



**ROPES & GRAY LLP** 

ONE INTERNATIONAL PLACE BOSTON, MA 02110-2624 617-951-7000 F 617-951-7050

BOSTON NEW YORK PALO ALTO SAN FRANCISCO WASHINGTON, DC www.ropesgray.com

August 24, 2007



Michael M. Jurasic (617) 951-7754 Michael.Jurasic@ropesgray.com

VIA OVERNIGHT COURIER

U.S. Securities and Exchange Commission 100 F Street, NE Washington, D.C. 20549

Re: Oxyplus, Inc.

Dear Ladies and Gentlemen:

On behalf of Oxyplus, Inc., a Delaware corporation, we have enclosed for filing with your office five copies of a notice on Form D, one of which has been manually signed. This offering is made pursuant to Rule 506 of Regulation D of the Securities Act of 1933, as amended.

If you have any questions or comments, please contact the undersigned.

Kindly acknowledge receipt of this filing by date-stamping the enclosed copy of this letter and returning it in the stamped, self-addressed envelope provided.

Very truly yours,

Michael M. Jurasic

MMJ:mpc

**Enclosures** 

cc: Maddy R. Demsky, Esq.

 ${\it END}$ 

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