### FORM D



## U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (☐ check if this is an amendment and name I Denali Investors Accredited Fund, LP  Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ R  Type of Filing: ☑ New Filing ☐ Amendment  A. BASIO	ion 4(6) 🗇 ULOE
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has	07076560
Denali Investors Accredited Fund, LP.	
Address of Executive Offices (Num 1375 Broadway, 11th Floor, New York, NY 10018	Telephone Number (Including Area Code) (646) 467-7395
Address of Principal Business Operations (Num (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Purchase and sale of securities	
Type of Business Organization  □ corporation  □ business trust  □ limited partnership, to be form	other (please specify):
Actual or Estimated Date of Incorporation or Organization:	☑ Actual □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter	

PROCESSED

AUG 3 1 2007

THOMSON FINANCIAL

#### 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
  - 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	r ☑ General and/or Managing Partner
Full Name (Last name first,					
Denali Investors GP,					
Business or Residence Addre			Code)		
1375 Broadway, 11th F					
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	i individual)				
Byun, Hana Kevin		10 0' 0' 0'	a 1)		
Business or Residence Addre 1375 Broadway, 11th F			Code)		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director [	☐ General and/or Managing Partner
Full Name (Last name first,		□ Belleficial Owlier	Executive Officer	Director t	J General and/or Managing Farmer
t an traine (Last mane mst,	ii iiidiridaaii)				
Business or Residence Addre	ss (Number an	d Street, City, State, Zip	Code)		<del>-</del> -
	•	. • • • •	,		
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 Addre	ess (Number an	d Street, City, State, Zip	Code)		
<del></del>					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Managing Partner Full Name (Last name first, i	if individual)				
Tun Name (Last name 1113t,	ii iiiaividaai)				
Business or Residence Addre	ess (Number an	d Street City State, Zin	Code)	<del></del>	-
Same	(	,,,, <sub>-</sub> <sub>-</sub>	,		
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 Addre	ess (Number an	d 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)		•••		· · · · · · · · · · · · · · · · · · ·
Ton Name (Last name mst,	ii iiidividaai;				
Business or Residence Addre	ess (Number an	d Street City State Zin	Code)	··· · · · · · · · · · · · · · · · · ·	
La de la constante de la const		a 50000, 511, 51210, 51p	<b>C</b> 000,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,		<del></del>	<del> </del>		<u> </u>
Business or Residence Addre	ess (Number an	d 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)		<u> </u>		
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)		

				В.	<b>INFORM</b>	ATION AB	OUT OFF	ERING					
l.	Has the issu	er sold, or do	es the issue	r intend to	sell, to non-	-accredited	investors in	this offerir	ıg?	*****************			No Ø
				Answer al	so in Appe	ndix, Colun	an 2, if filin	g under UL	OE.				
2.	What is the	minimum in	vestment tha	at will be ac	cepted from	n any indivi	idual?					\$ 250. Yes	
3.	Does the of	fering permit	joint owner	ship of a si	ngle unit?		*************			•••••••			
4.	remuneration	formation rec on for solicita gent of a brok sons to be list	tion of purc	hasers in co registered	onnection w with the SE	ith sales of C and/or w	securities i	n the offerior states, list	ng. If a per the name o	son to be li of the broke	sted is an a r or dealer.	ssociated If more	l than
Full	Name (Last	name first, if	`individual)										
Bus	iness or Resi	dence Addres	s (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Associa	ited Broker of	r Dealer	-									
		Person Listed es" or check										All S	States
[AL [IL] [M] [R] Full	[IN] [NE] [SC]	[AZ] [IA] [NV] [SD] name first, if	(AR) (KS) (NH) (TN) 'individual)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[ <u>CT]</u> [ME] [ <u>NY]</u> [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]	
Bus	iness or Resi	dence Addres	ss (Number	and Street,	City, State,	Zip Code)							
Nar	ne of Associa	ited Broker o	r Dealer						·:				
Stat (Ch	es in Which eck "All Stat	Person Listed es" or check	l Has Solicit individual S	ed or Inten tates)	ds to Solici	Purchasers	<b>.</b>					□ All S	States
[AL [IL] [M] [RI]	[IN] [NE]	[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]	

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 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 \( \Precedit{ and indicate in the columns below the amounts of the securities} \) offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt.......\$ □ Common □ Preferred Convertible Securities (including warrants).......\$\_ Other (Specify) \_ Answer also in Appendix, Column 3, if filing under ULOE 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.... Non-accredited Investors Total (for filings under Rule 504 only)..... 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. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A..... Rule 504 ..... Total ..... 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.

C. OFFER	ING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROC	EEDS
Question 1 and total expense	cen the aggregate offering price given in response to part C - s furnished in response to Part C - Question 4.a. This differeds to the issuer."	ence	\$ <u>499,977,000</u>
used for each of the purposes estimate and check the box to	the adjusted gross proceeds to the issuer used or proposed to shown. If the amount for any purpose is not known, furnish to the left of the estimate. The total of the payments listed makeds to the issuer set forth in response to Part C - Question 4	n an Ist	
	`	Payments of Officers, Directors, Affiliates	Payments to & Others
Salaries and Fees		🗆 \$	🗆 \$
Purchase of real estat	te	🗆 \$	o s
Purchase, rental or le	rasing and installation of machinery and equipment	🗆 \$	<b></b> \$
Construction or leasi	ng of plant buildings and facilities	🗆 \$	o s
ta si ta accesta a stanta	businesses (including the value of securities involved may be used in exchange for the assets or securities suant to a merger)	🗆 \$	
	tedness		
Other (specify):		🗆 \$	
Column Totals		🗆 \$	s
Total Payme	ents Listed (column totals added)	函 \$	<u>499,977,000</u>
•	D. FEDERAL SIGNATURE		
signature constitutes an undertaki	tice to be signed by the undersigned duly authorized person.  ng by the issuer to fumish to the U.S. Securities and Exchanges  suer to any non-accredited investor pursuant to paragraph (b	ge Commission, upon	under rule 505, the following written request of its staff,
Issuer (Print or Type)	Signature/	Date	
Denali Investors Accredited Fund, LP	H-Bn-	8-13	1-07
Name of Signer (Print or Type)	Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·
Hana Kevin Byun	Manager of the General Partner		

		E. STATE SIG	NATURE	
1.			sently subject to any of the disqualification	Yes No
		See Appendix, Column 5	, for state response.	
2.		suer hereby undertakes to furnish to any sta 39.500) at such times as required by state I	ate administrator of any state in which this notice is faw.	iled, a notice on
3.	The undersigned iss issuer to offerees.	suer hereby undertakes to furnish to the sta	te administrators, upon written request, information t	furnished by the
4.	Limited Offering Ex		ith the conditions that must be satisfied to be entitled s notice is filed and understands that the issuer claim nat these conditions have been satisfied.	
	has read this notification duly authorized pers		nas duly caused this notice to be signed on its behalf l	by the
Issuer (Pri	int or Type)	Signature	Date	
	Investors ited Fund, LP			

Manager of the General Partner

Hana Kevin Byun

				A	PPENDIX					
		to sell ccredited 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	Preferred Stock and Warrants	Number of   Amount   Number of   Amount   Accredited   Investors   Investors   Amount   Amount   Number of   Amount   Non-Accredited   Investors   I				Yes	No	
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