## 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

SEC USE ONLY						
Prefix			Serial			
DATE RECEIVED						
	1					
		<del></del>				

Name of Offering ([ ] check if this is an amendment and name has changed, and indicate change.)						
2007 Bridge Loan Financing – Issuance of Notes	and Warrants to pi	urchase Series D	Preferred Stock and	the Common Stock	k issuable opon	
conversion thereof.			<del></del>		<u> </u>	
Filing Under (Check box(es) that apply):	[ ] Rule 504	[ ] Rule 505	[X] Rule 506	[ ]Section 4(6)	ULOE [ ] ULOE	
Type of Filing: [ ] New Filing	[X] Amendment				16.53	
	A. BASIC ID	ENTIFICATION	DATA		3 10111	
Enter the information requested about the issue	er			SEP I	2 2007 >>>	
Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.)						
Ingrian Networks, Inc.				15.7		
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)						
350 Convention Way, Redwood City, CA 94063			(650) 261-2400			
Address of Principal Business Operations (Num	ber and Street, City,	State, Zip Code)	PROCESSE	r (Including Area Co	odé)	
(if different from Executive Offices)		i i	PHOUESSE	ED .		
Brief Description of Business			SED 1 a ages	_		
Development of encryption technology.			SEP 1 9 2007	<i>P</i>		
Type of Business Organization	** <u> </u>		THOMSON	<u> </u>		
[X] corporation	[ ] limited partnersh	ip, already formed	FINANCIAL	[ ] other (please s	pecify):	
[ ] business trust	limited partnersh	ip, to be formed	I IIAVIACIAT			
	1	Month Ye	ear			
Actual or Estimated Date of Incorporation or Organi			999]	[X] Actual	[ ] Estimated	
Jurisdiction of Incorporation or Organization:	(Enter two-lette	er U.S. Postal Serv	ice abbreviation for S	tate:		
	CN for Canada	; FN for foreign ju	risdiction)		[DE]	

#### **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, 100 F Street, N.E., 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 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 [X] [ ] General and/or Managi	Beneficial Owner	[ ] Executive Officer	[ ] Director		
Full Name (Last name first, if ind		ing runner				
Steinkrauss, Robert A.						
Business or Residence Address (N						
c/o Ingrian Networks, Inc., 350	Convention Way, Redwood	City, CA 94063				
Check Box(es) that Apply:	[ ] Promoter [ ] [ ] General and/or Managi	Beneficial Owner	[X] Executive Officer	[ ] Director		
Full Name (Last name first, if ind	vidual)					
Nielsen, Charles F.	,					
Business or Residence Address (N	lumber and Street, City, State	. Zip Code)				
c/o Ingrian Networks, Inc., 350						
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	[X] Director		
	[ ] General and/or Managi		( )	[]		
Full Name (Last name first, if ind				· · · · · · · · · · · · · · · · · · ·		
Counihan, James						
Business or Residence Address (N	lumber and Street City State	Zin Code)				
c/o Ingrian Networks, Inc., 350						
Check Box(es) that Apply:		Beneficial Owner	[ ] Executive Officer	[X] Director		
Check Box(es) time repris-	[ ] General and/or Managi		( ) Excedite Officer	[A] Director		
Full Name (Last name first, if ind		ing t artifer				
Fachetti, Dave	vidual)					
Business or Residence Address (N	lumber and Street City State	Zin Code)		·····		
c/o Ingrian Networks, Inc., 350						
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	[X] Director		
Check Box(co) that rippiy.	[ ] General and/or Managi		[ ] Breedilive Officer	[A] Director		
Full Name (Last name first, if ind						
McConnon, Shaun						
Business or Residence Address (N	lumber and Street, City, State	. Zin Code)				
c/o Ingrian Networks, Inc., 350						
Check Box(es) that Apply:		Beneficial Owner	[ ] Executive Officer	[X] Director		
( ) 11 )	General and/or Managi			. ,		
Full Name (Last name first, if indi		<del></del>				
Thiele-Sardiña, Roy	•					
Business or Residence Address (N	lumber and Street, City, State	, Zip Code)				
c/o Ingrian Networks, Inc., 350	Convention Way, Redwood	City, CA 94063				
Check Box(es) that Apply:	[ ] Promoter [	Beneficial Ov/ner	[ ] Executive Officer	[X] Director		
	[ ] General and/or Managi	ng Partner				
Full Name (Last name first, if ind	vidual)					
Vazirani, Pravin A.						
Business or Residence Address (N						
3000 Sand Hill Road, Building 4	<u>, Suite 100 Menlo Park, CA</u>	94025				
Check Box(es) that Apply:	[ ] Promoter [X]	Beneficial Owner	[ ] Executive Officer	[ ] Director		
	[ ] General and/or Managir	ng Partner				
Full Name (Last name first, if ind	vidual)					
Menlo Ventures IX, L.P.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
3000 Sand Hill Road, Building 4	, Suite 100 Menlo Park, CA	94025, Attn: Pravin A. V	Vazirani			
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	Cose of ank sheet, of co	Py and use additional copies of	r und direct, as necessary.)			

#### A. BASIC IDENTIFICATION DATA (Continued)

- 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.

•	0 31	•			
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[X] Beneficial Owner anaging Partner	[ ] Executive Officer	[ ] Director	
Full Name (Last name first, if indiv					
JAFCO America Technology Fur					
Business or Residence Address (Nu		State Zin Code)			
300 Hamilton Avenue, 5th Floor,					
Check Box(es) that Apply:	Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
	[] General and/or Ma		[ ] Executive Officer	[ ] Director	
Full Name (Last name first, if indiv	•				
JAFCO America Technology Car					
Business or Residence Address (Nu	imber and Street, City,	State, Zip Code)			
300 Hamilton Avenue, 5th Floor,	Palo Alto, CA 94301,	Attn: Barry J. Schiffman			
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
	[ ] General and/or Ma	inaging Partner			
Full Name (Last name first, if indiv					
Prism Venture Partners IV, L.P.	,				
Business or Residence Address (Nu	imber and Street, City !	State Zin Code)			
100 Lowder Brook Drive, Suite 2					
Check Box(es) that Apply:	Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
Check Box(es) that Appry.			[ ] Executive Officer	[ ] Director	
Full Name (Last and Grant City 4)	[ ] General and/or Ma	maging raither	•		
Full Name (Last name first, if indiv	iduai)				
HighBAR Ventures, L.P.					
Business or Residence Address (Nu	-				
1151 Werth Avenue, Menlo Park				<del></del>	
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
	[ ] General and/or Ma	maging Partner			
Full Name (Last name first, if indiv	idual)				
Joy, William N.					
Business or Residence Address (Nu	imber and Street, City, S	State, Zip Code)			
627 W. Smuggler Ave. Aspen, CO	81611				
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	Executive Officer	[ ] Director	
	[ ] General and/or Ma				
Full Name (Last name first, if indiv					
Bechtolsheim, Andreas					
Business or Residence Address (Nu	mber and Street City (	State Zin Code)		<del></del>	
999 Mountain Home Road, Wood		state, zip code)			
Check Box(es) that Apply:	Promoter	[ ] Beneficial Owner	[X] Executive Officer	[V] Director	
Check Box(es) that Apply.	. ,	L 2	[A] Executive Officer	[X] Director	
E list /r · · · · · · · · · · · · · · · · · ·	General and/or Ma	naging Partner		·	
Full Name (Last name first, if indiv	idual)				
Howard, Michael					
Business or Residence Address (Nu	imber and Street, City, S	State, Zip Code)			
c/o Ingrian Networks, Inc., 350 C			<del></del>		
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	
	[ ] General and/or Ma	naging Partner			
Full Name (Last name first, if indiv	idual)				
Business or Residence Address (Nu	mber and Street, City, S	State, Zip Code)		·	
(	, 3,1-	, .			
· · · · · · · · · · · · · · · · · · ·	•				
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	(Use blank sheet,	or copy and use additional copies of	this sheet, as necessary.)		

				В	. INFO	)RMA	FION A	BOUT	OFFEI	RING				
1.	Has the issue	er sold, or	does the is						s offering?. ing under l				,,,,,,,,,,,,	Yes No
2.	2. What is the minimum investment that will be accepted from any individual?									\$ NONE				
3.									Yes No [X] []					
4.	Enter the inf remuneration agent of a br be listed are	n for solici oker or de	itation of p aler registe	ourchasers ered with t	in co <mark>nnec</mark> t he SEC an	ion with said/or with a	ales of secona state or s	urities in tl tates, list t	ne offering he name o	. If a pers f the broke	on to be lis r or dealer	sted is an a	ssociated	
Full	Name (Last r	ame first,	if individu	al)	-		-		·					
Bus	iness or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	tate, Zip C	Code)							<del></del>
Nar	ne of Associat	ed Broker	or Dealer											
Stat	es in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purc	hasers		·					
	(Check	"All State	s" or checl	k individua	ıl 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]	
Full	Name (Last n					\					. ,			
Bus	iness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	Code)				• •			
Nan	ne of Associat	ed Broker	or Dealer				<del></del> -	,	•					
Stat	es in Which P	erson Liste	ed Has Sol	icited or In	tends to Se	olicit Purcl	hasers							
	(Check	"All State	s" or checl	c individua	l 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]	
	Name (Last n	<u> </u>												
Bus	iness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)			·				
Nan	ne of Associate	ed Broker	or Dealer											
State	es in Which Po	erson Liste	d Has Sol	icited or In	tends to So	olicit Purch	nasers							
	(Check	"All State:	s" or check	individua	l States)			***************************************	*************				[]A	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]	
				(Use blank										

#### 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 [ ] 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..... Equity ..... [ ] Common [ ] Preferred Convertible Securities (including warrants) 300.62 Partnership Interests Other (Convertible Promissory Note) 3,006,155.48 Total ..... 3,006,456.10 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 3,006,456.10 Accredited Investors.... 24 Non-accredited Investors.... Total (for filings Under Rule 504 Only)..... 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 Security Dollar Amount Type of Security Sold Rule 505 ..... Regulation A ..... Rule 504 ..... 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.. Legal Fees ......[X] 35,000.00 Total.....[X] 35,000.00

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

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

	<ul> <li>b. Enter the difference between the aggregate offering price given in response to Part C         <ul> <li>Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."</li> </ul> </li> </ul>		\$ <u>2,971,456.10</u>
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	\$[]	\$
	Research and Development [ ]	\$[]	\$
	Purchase, rental or leasing and installation of machinery and equipment	\$[]	\$
	Construction or leasing of plant buildings and facilities	s	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	s[ ]	s
	Repayment of indebtedness	\$[]	\$
	Working capital and general corporate purposes [ ]	\$[X]	\$ <u>2,971,456.10</u>
	Other (specify):	\$[]	\$
	Column totals	\$[]	\$ <u>2,971,456.10</u>
	Total payments listed (column totals added)	[X] \$ <u>2,971,456.10</u>	

D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by the undersigned duly auth constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exc the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	hange Commission, upon written request of its staff, the information furnished by				
Issuer (Print or Type) Ingrian Networks, Inc.	Signature hours 6. In Date 9/7/27				
Name of Signer (Print or Type) Charles Nielsen	Title of Signer (Print or Type) Secretary				

#### Attention

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