

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

· · ·		<u> </u>						
OMB APPROVAL								
OMB Number: 3235-0076								
Expires:	April 30,	2008						
Estimated average burden								
hours nor	reenonee	16.00						

1414367

SEC USE ONLY							
Prefix	Serial						
1	1						
DATE	RECEIVED						

Name of Offering	•	an amendment and nan				
	Series B Preferre	d Stock of Luca ☐ Rule 504	Technologies	s, Inc.  ☑ Rule 506	Section 4(6)	ULOE
Type of Filing	New Filing	☐ Amendment	C Raic 303	La Ruic 500	Beetion 4(0)	
	-					A DENIA ERINE CERTA PERMENENTA ERINE ENTAL MENA ERIN LOCAL
<u> </u>	·· <del>·····</del> ······		. BASIC IDENTI	FICATION DATA		1 164 () 22 % 166 () 29 % 186 () 10 2 9 8 8 8 6 () 10 2 9 % 186 ()
	ormation requested abou					L LOGINY BENNY LOGIN BENNY HOUIT YERNY ENNIN THE THE FEB.
Name of Issuer	-	an amendment and nan	ne has changed, and	l indicate change.)		07077610
Luca Techno					· <del>y</del>	·
Address of Executi	ive Offices		(Number and Stre	et, City, State, Zip Code)	Telephone l	Number (Including Area Code)
500 Corpora	te Circle, Suite (	C Gold	den, CO 8040	)1		
Address of Princip (if different from E	al Business Operations Executive Offices)		(Number and Stre	et, City, State, Zip Code)	Telephone l	Number (Including Area Code)
(same as abo	ve)					
Brief Description of	of Business					BBBBB
coal methane	e gas bioengineer	ring				PROCESSED
	Organization  poration  iness trust	☐ limited partnersh ☐ limited partnersh	•	other	(please specify):	DOCT 0 9 2007 THOMSON
Actual or Estimate	d Date of Incorporation	or Organization:	Month 0 4	Year 0 3	Actual 🔲 Estim	FINANCIAL
Jurisdiction of Inco	orporation or Organizati	•	J.S. Postal Service of N for other foreign j		DE	
GENERAL INST	RUCTIONS					
Federal: Who Must File: A 77d(6).	All issuers making an o	ffering of securities in	reliance on an exe	emption under Regulation	D or Section 4(6),	17 CFR 230.501 et seq. or 15 U.S.C
<b>Exchange Commis</b>		er of the date it is rece	ived by the SEC at	the address given below		ned filed with the U.S. Securities and address after the date on which it is
Where to File: U.S	S. Securities and Exchar	nge Commission, 450 I	Fifth Street, N.W., V	Washington, D.C. 20549.		
	Five (5) copies of thi manually signed copy of			e of which must be man	nually signed. Any	copies not manually signed must be
Information Requi	red: A new filing must	contain all informatio	n requested. Ame	ndments need only report	the name of the iss	uer and offering, any changes thereto

64-4--

with the SEC.

Filing Fee: There is no federal filing fee.

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 in the notice constitutes a part of this notice and must be completed.

the information requested in Part C, and any material changes from the information previously supplied in Part A and B. Part E and the Appendix need not be filed

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 mana	aging partner of par	rtnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Eric Szaloczi					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Business		c/o Luca Techno	ologies Inc., 500 Corpo	rate Circle, Su	ite C, Golden, CO 80401-5632
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind	iviđual)				
Robert S. Pfeiffer					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Business		c/o Luca Techno	ologies Inc., 500 Corpo	rate Circle, St	uite C, Golden, CO 80401-5632
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	iviđual)				
Brian J. Cree					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Business		c/o Luca Techno	ologies Inc., 500 Corpo	rate Circle, Su	ite C, Golden, CO 80401-5632
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Josef R. Wuensch					
Business or Residence Address Business		(Number and Street, C c/o BASF Ventu Ludwigshafen/R	re Capital GmbH, Geb	oaüde Z 25, 4.	Gartenweg, 67063,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			· · · · · · · · · · · · · · · · · · ·	
Mark Finkelstein, Ph.I	<b>)</b> .				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Business		c/o Luca Techno	logies Inc., 500 Corpo	rate Circle, Su	ite C, Golden, CO 80401-5632
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Roland P. DeBruyn					
Business or Residence Address		(Number and Street, C	ity, State, Zip Code)		
Business		c/o Luca Techno	logies Inc., 500 Corpo	rate Circle, Su	ite C, Golden, CO 80401-5632
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·	······································		······································
Jeffrey L. Weber					
Business or Residence Address	<del>-</del>	(Number and Street, C	ity, State, Zip Code)		
Business	<u> </u>	c/o Luca Techno	logies Inc., 500 Corpo	rate Circle, Su	nite C, Golden, CO 80401-5632

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Christie L. Haas					
Business or Residence Address	<del>-</del> -	(Number and Street, C	City, State, Zip Code)		
Business		c/o Luca Techno	ologies Inc., 500 Corpo	rate Circle, Su	nite C, Golden, CO 80401-5632
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
BASF Venture Capital	GmbH				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Business	<u></u>	Gebaüde Z 25	5, 4. Gartenweg, 67	063, Ludwi	gshafen/Rhein Germany
Check Box(es) that Apply:	Promoter	Beneficial Owner	□Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indi	ividual)		==	<u>-</u>	
KPCB Holdings, Inc.					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Business		2750 Sand Hi	ll Road, Menlo Par	k, CA 9402	5
Check Box(es) that Apply:	Promoter	M Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first, if indi	vidual)		· · · · ·		
Oxford Bioscience Par	tners V L.P.				
Business or Residence Address	<del></del> -	(Number and Street, C	City, State, Zip Code)		•
Business		222 Berkeley	Street, Suite 1650,	Boston, MA	A 02116
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
full Name (Last name first, if indi	vidual)				
Raymond Lane					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		,
Business		c/o Kleiner Perk	ins Caufield & Byers,	2750 Sand Hil	l Road, Menlo Park, CA 96025
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Michael R. Pavia, Ph.I	)				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)	<u> </u>	
Business		c/o Oxford Biose	cience Partners, 222 Be	erkeley Street,	Boston, MA 02116

					В. І	NFORMA'	TION ABO	JT OFFERI	ING				
1	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
1.	Answer also in Appendix, Column 2, if filing under ULOE.										$\mathbf{Z}$		
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?										\$	154,266.16		
												Yes	No
3.	Does th	e offering	permit join	t ownership	p of a single	e unit?	•••••	•••••••					$\square$
4.	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 or 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 (Last name first, if individual)												
N/A		idanaa A	ddmann (Norm	-b d Ce	hand City	State 7:- /	2-4-)						
Busine	ess or Ke	sidence Ac	idress (Nun	nber and Si	treet, City,	State, Zip (	Loae)						
Name	of Assoc	iated Brok	er or Deale	τ							<del></del>		<u> </u>
			isted Has S								_		
((			or check ind		ates)	······					AI	I States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA]	HI	ID
	IL MT	IN NE	IA NV	KS	KY NJ	LA	ME	MD	MA	MI	MN	MS OR	MO
	RI	SC	SD	HM MT	TX	MM TU	VT.	NC VA	ND WA	OH WY	OK WI	WY	PA PR
Full N			st, if individ				17.1	· ·	1444				
Busine	ess or Res	sidence Ac	ldress (Nun	nber and St	treet, City,	State, Zip (	Code)						
Name	of Assoc	iated Brok	er or Deale	r	-		<del></del>		<del></del>			· · · · · · · · · · · · · · · · · · ·	
States	in Which	Person L	isted Has Se	olicited or	Intends to S	Solicit Purc	hasers						
((			or check inc									1 States	
	IL	AK IN	[AZ]	[AR]	CA	CO	CT	DE	DC	FL	GA	HI	ID
	MT	NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	OH]	MN OK	MS OR	MO
	RI	SC	SD	TN	TX	UT	VT	VA	WA	<u>w</u> v	WI	WY	PA PR
Full N			st, if individ										
D'		· I A	11	1 10		n	2.1.						
Busine	ess or Kes	sidence Ac	ldress (Nun	iber and St	reet, City,	State, Zip (	Lode)						
Name	of Assoc	iated Brok	er or Deale	r									
States	in Which	Person L	isted Has Se	olicited or	Intends to S	Solicit Purc	hasers						
(6			or check inc		<del></del>							1 States	
	AL	AK	AZ	AR	CA		CT	DE	DC	FL	GA	HI	ID CI
	IL MT	IN	IA NU	KS NH	KY NT	LA	ME NV	MD	MA	MI	MN	MS	MO
	MT Ri	NE SC	NV SD	TN	ил ТХ	МИ TU	NY VT	NC VA	ND WA	OH WY	OK WI	OR WY	PA PR
	ليتت	لتت	لـــــ	لنت	لثثث	لغت	ىن	لئنت	تنت	47.1	لغنت	لكعن	لننت

(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		
۱.	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\$	0.00	_	0.00
	Equity\$	20,000,003.84	\$	14,500,006.00
	☐ Common ☑ Preferred		-	-
	Convertible Securities (including warrants)	0.00		0.00
	Partnership Interests		_ \$	0.00
	Other (Specify )\$		\$_ \$	0.00
	Total		*_ \$	
	Answer also in Appendix, Column 3, if filing under ULOE.	20,000,003.64	<b>.</b> _	14,500,006.00
2.	Enter the amount 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."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	4	\$_	14,500,006.00
	Non-accredited Investors	0	<b>s</b> _	0
	Total (for filings under Rule 504 only)		<b>s</b> _	
	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.			Dollar Amount
	Type of offering	Security		Sold
	Rule 505		\$_	
	Regulation A		\$_	
	Rule 504		\$_	
	Total		\$_	
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		<b>s</b> _	
	Printing and Engraving Costs		<b>\$</b> _	
	Legal Fees	<b></b>	\$	110,000
	Accounting Fees (and management fees)		<b>s</b>	
	Engineering Fees		-	
	Sales Commissions (specify finders' fees separately)	_	<b>s</b>	
	Miscellaneous Other Expenses (identify) due diligence	_	\$	18,000
	· · · · <u> </u>			,

Total	•••••••	Ø	<b>s</b>	134,000
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCEED	s	-	
b Enter the difference between the aggregate offering price given in response to Question 1 and total expenses furnished in response to Part C – Question 4.a. This differe "adjusted gross proceeds to the issuer."	ence is the		\$_	14,366,006
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to for each of the purposes shown. If the amount for any purpose is not known, furnish an and check the box to the left of the estimate. The total of the payments listed must adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	n estimate	0		
	Officers, Directors, & Affiliates	&		Payments to Others
Salaries and fees	🗆 \$		\$_	
Purchase of real estate	🗆 \$		<b>s</b> _	·
Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	_ 0	<b>s</b> _	
Construction or leasing of plant buildings and facilities	🗆 \$	🗆	\$_	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ <b>s</b>		s	
Repayment of Indebtedness			s_	350,000
Working capital			s_	14,016,006
Other (specify):	_ 🗆 \$		<b>S</b> _	
<del></del>	_			
	🗆 \$	_ □	\$_	
Column Totals	□ s	<u> </u>	<b>s</b> _	14,366,006
Total Payments Listed (column totals added)	<b>E</b>	\$14,366	,006	

iformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.									
Issuer (Print or Type)	Signature	Date							
Luca Technologies Inc.	Signature West Con-	September 28, 2007							
Name of Signer (Print or Type)	Title of Signer (Print or Type)								

Chief Financial Officer

Brian J. Cree

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the

-ATTENTION-

APPENDIX										
1	to non invest	2 nd to sell -accredited ors in State B-Item 1)	1 0; 1				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amoun t	Yes	No	
AL							<u> </u>			
AK										
ΑZ										
AR										
CA		✓	Series B; \$5,500,003.20	1	\$5,500,003.20	0	\$0.00		✓	
СО										
СТ										
DE										
DC					!					
FL										
GA										
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD			<u> </u>							
MA		<b>✓</b>	Series B; \$6,999,999.20	2	\$6,999,999.20	0	\$0.00		✓	

**APPENDIX** 

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## 2 3 5 1 Disqualification under State Type of security ULOE (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited No State Yes No Investors Amount **Investors** Amount Yes ΜI MN MS MO MT NΗ NE NV NJ NM NY NC ND OH OK OR PA RΙ SC SD TN TX UT VT VA

**APPENDIX** 

	APPENDIX												
1		2	3		4								
	to non invest	nd to sell -accredited ors in State B-Item 1)	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)		amount purchas		amount purchased in State					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WA													
wv													
WI													
WY													
PR													

 $\mathcal{END}$