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
UNIFORM LIMITED OFFERING EXEMPTION

1412685

OMB APPROVAL

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

SEC USE ONLY							
Prefix	Serial						
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DATE RECEIVED							
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Name of Offering ([] Brightline Capital Offshore Fur] check if this is an amendr nd, Ltd. (the "Issuer")	ment and name has chan	ged, and indica	te change.)	
Filing Under (Check box(es) that	apply): [] Rule 504	4 [] Rule 505	[X] Rule 506	[] Section 4(6)	[] ULOE
Type of Filing: [X]] New Filing	Amendment .			
	A. B	ASIC IDENTIFICATION	DATA		,
Enter the information requested a	about the issuer				RECEIVED
Name of Issuer ([Brightline Capital Offshore Fur] check if this is an amendr nd, Ltd.	ment and name has chan	ged, and indica	te change.)	SEP 1 7 2007
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Goldman Sachs (Cayman) Trust Limited, P.O. Box 896, Harbour Centre, 2 nd Floor, George Town, Grand Cayman Cayman Islands Telephone Number (Including Area Code) 345 949-6770					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) c/o Goldman Sachs Administration Services Co., Harwicke House, 2 nd Floor, Hatch Street, Dublin 2, Ireland Telephone Number (Including Area Code) 01-439 6000 Telephone Number (Including Area Code) 01-439 6000					
Brief Description of Business Investing and trading securitie	es and/or other financial in	struments		E	SEP 2.1 2007
Type of Business Organization		···			IHOMSON
[] corporation	[] limited	partnership, already form	ned [X] other (please spe ayman Islands exen	cityNANCIAI
[] business trust	[] limited	partnership, to be forme	d		
Actual or Estimated Date of Inco	rporation or Organization:	Month/Year 11/2005	[X] Actual	[] Estimated	
Jurisdiction of Incorporation or O		etter U.S. Postal Service ada; FN for other foreign	abbreviation for	State: FN	

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 and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

Canal

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 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.

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: [X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Brightline Capital Management, LLC (the "	'investment Manager")			
Business or Residence Address (Numb 275 Madison Avenue, 4th Floor, New York	er and Street, City, State, Zip , New York 10016	c Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Smith, Edward				
Business or Residence Address (Numb c/o Brightline Capital Management, LLC 275 Madison Avenue, 4th Floor, New York	er and Street, City, State, Zij , New York 10016	o Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Seymour, Tammy W.				
Business or Residence Address (Numb c/o dms Management Ltd. Ansbacher House, 20 Genesis Close, 2nd	er and Street, City, State, Zi	•	ands	
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Bree, David				
Business or Residence Address (Numb c/o dms Management Ltd. Ansbacher House, 20 Genesis Close, 2nd	er and Street, City, State, Zig Floor, PO Box 31910 SMB,		ands	
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	per and Street, City, State, Zi	p Code)		
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 Address (Numb	per and Street, City, State, Zi	p Code)		

B. INFORMATION ABOUT OFFERING						
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? (* Subject to waiver by the board of directors.)	7 1 (Y 1					
3. Does the offering permit joint ownership of a single unit?	Yes No [X] []					
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 (Last name first, if individual) Not applicable.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States					
AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI []	HI [] ID [] MS [] MO [] OR [] PA [] WY [] PR []					
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	<u> </u>					
AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI [] Full Name (Last name first, if individual)	All States HI [] ID [] MS [] MO [] OR [] PA [] WY [] PR []					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	All States					
AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI []	All States HI [] ID [] MS [] MO [] OR [] PA [] WY [] PR []					

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

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 the columns below the amounts of the securities				
	offered for exchange and already exchanged.		A	^	annumb Almandu.
	Type of Security		Aggregate Offering Price	μ	mount Already Sold
	Debt	\$	<u>o</u> \$	•	<u>0</u>
	Equity:	\$	0 \$;	<u>0</u>
	□ Common □ Preferred	•	- '		-
	Convertible Securities (including warrants):	\$	<u>o</u> \$	•	<u>o</u>
	Partnership Interests		<u>o</u> \$		<u>0</u>
	Other (Specify: common shares, par value \$0.01 (U.S.) per share (the "Interests"))				<u>5,350,000</u>
	Total	\$	<u>1,000,000,000(a)</u> \$	•	<u>5,350,000</u>
	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."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		<u>4</u> \$	•	<u>5,350,000</u>
	Non-accredited Investors		<u>o</u> \$	5	<u>0</u>
	Total (for filings under Rule 504 only)		<u>N/A</u> \$	•	<u>N/A</u>
	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		N/A \$		<u>0</u>
	Regulation A		<u>N/A</u> \$		<u> </u>
	Rule 504		<u>N/A</u> \$	5	<u>o</u>
_	Total		<u>N/A</u> \$	•	<u>0</u>
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		⊠ \$	•	<u>0</u>
	Printing and Engraving Costs		(3)	•	<u>2,500</u>
	Legal Fees		⊠ 4	5	<u>35,000</u>
	Accounting Fees		⊠ \$	•	7,500
	Engineering Fees		⊠ \$	5	0
	Sales Commissions (specify finders' fees separately)		⊠ \$	5	<u> </u>
	Other Expenses (identify filing fees)		X (•	<u>5,000</u>
	Total		⊠ (•	<u>50,000</u>

⁽a) Open-ended fund; estimated maximum aggregate offering amount.

C.	OFFERING PRICE.	NUMBER OF INVESTORS.	EXPENSES AND USE OF PROCEEDS
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١.	b.	Enter the	difference	between 1	the agg	gregate	offering	price	given	in I	response	to Parl	: C -
	Qu	estion 1 an	d total expe	enses furni	shed in	respon	se to Pa	rt C -	Questi	on 4	4.a. This	differen	ce is
	the	"adjusted o	iross proce	eds to the i	ssuer."								

999,950,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. 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 adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payment Officer Directors Affiliate	s, s, &		1	Payments to Others
Salaries and fees	X	\$	Õ	183	\$	<u>o</u>
Purchase of real estate	(2)	\$	<u>0</u>	(33)	\$	<u>o</u>
Purchase, rental or leasing and installation of machinery and equipment	(2)	\$	0	183	\$	<u>o</u>
Construction or leasing of plant buildings and facilities	Œ	\$	<u>0</u>	(X)	\$	<u>0</u>
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)	(2)	\$	<u>o</u>	123	\$	2
Repayment of indebtedness	(8)	\$	Ō	123	\$	<u>o</u>
Working capital	×	\$	<u>o</u>	123	\$	<u>o</u>
Other (specify): Portfolio Investments	×	\$	<u>o</u>	[X]	\$	999,950,000
Column Totals	Ø	\$	<u>0</u>	CS 3	\$	999,950,000
Total Payments Listed (column totals added)	X		\$ <u>9</u> 9	9.96	0,00	<u>)0</u>

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 information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Brightline Capital Offshore Fund, Ltd.	Signature & & & & & & & & & & & & & & & & & & &	Date 9 12 2007				
Name (Print or Type) Smith, III, Edward B.	Title of Signer (Print or Type) Director of the Issuer					

ATTENTION

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