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## 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

OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	e burden
hours per respons	e16.00

SEC USE ONLY

Serial

Prefix

	DATE RECEIVED
Name of Offering ( check if this an amendment and name has changed, and indicate change.)	
Cadogan Tertius Fund, L.P. – Offering of Partnership Interests ("Interests")	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULC Type of Filing: New Filing Amendment	DE RECEIVED
A. BASIC IDENTIFICATION DATA	// CEP 9 4 2007 >/
1. Enter the information requested about the issuer	3.3.4
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	The state of the s
Cadogan Tertius Fund, L.P.	185/8
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
149 Fifth Avenue, 15th Floor, New York, New York 10010	(212) 585-1600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Hedge Fund	
Type of Business Organization    corporation   limited partnership, already formed   other (please   limited partnership, to be formed	se specify  business trust
Month Year	PROCESSEN
	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	OCT 0 1 2007 ,
CN for Canada; FN for other foreign jurisdiction) DE	OCT 0 1.2007 8

## GENERAL INSTRUCTIONS

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 CIAL seq. or 15 U.S.C. 724(6) 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 of 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.

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

SEC 1972 (6-02)

Persons who 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 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 corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Cadogan Associates, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 149 Fifth Avenue, 15th Floor, New York, NY 10010 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 (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: □ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

			<del>"</del>		B. INFORM	ATION ABO	OUT OFFER	RING					
1.	Has the	e issuer sold	, or does the i		•	-accredited in					•••••	Yes	No ⊠
2.	What i	is the minim	um investmer	t that will be	accepted fro	m any individ	lual?						0,000* be waive
4.	Enter to any co in the to the SE listed a dealer	the information of offering. If and/or with are associate only.	permit joint or ion requested r similar remi a person to b th a state or st and persons of irst, if individ	for each persuneration for e listed is an ates, list the such a broke	son who has l solicitation of associated poname of the b	peen or will be or purchasers erson or agen proker or deal	e paid or give in connection t of a broker er. If more the	en, directly on with sales of or dealer regular five (5) p	r indirectly, of securities istered with ersons to be	,		Yes 🖂	No 🗆
Busir	ness or	Residence A	ddress (Num	ber and Stree	t, City, State,	Zip Code)	<del></del>						
			ker or Dealer		ends to Solici	t Purchasers							
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A.	<del></del>	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID
11		IN	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MC
M R		NE SC	NV SD	NH TN	NJ TX	UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			rst, if individ		17	01		VA	""	ļ. <b>** *</b>	WI	W 1	I I
			ddress (Num		t, City, State,	Zip Code							
States	in Wh	hich Person I	Listed Has So	licited or Inte	ends to Solici	t Purchasers		<del></del>		<u> </u>		<u> </u>	
			or check inc									☐ All St	ates
A	T	AK	AZ	AR	CA	со	СТ	DE	DC	FL	GA	HI	ID
II		IN	IA	KS	KY	LA	ME	MD	МА	MI	MN	MS	МС
M'	Т	NE	NV	NH	NJ	NM	NY	NC	ND	ЮН	ОК	OR	PA
R	ı	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full N	Name (	Last name fi	rst, if individ	ual)		•		•	•		•		
Busin	ess or	Residence A	ddress (Num	ber and Stree	t, City, State,	Zip Code							
Name	of Ass	sociated Bro	ker or Dealer										
			Listed Has So				<u>-</u>					□ AU CA	
Al	·	AK	" or check inc	AR	CA	со	СТ	DE	DC	FL	GA	☐ All St	ID
IL		IN	IA	KS	KY	LA	ME	MD	MA	i Ml	MN	MS	MC
M		NE NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
		SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	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 already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \sqrt{\text{\text{\text{\text{\text{\text{e}}}}}} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		ggregate ering Price*	Amount Already Sold
	Debt	\$	0	<b>s</b>
	Equity	-		
	☐ Common ☐ Preferred	<b>_</b>	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	s	0	\$
	Partnership Interests	\$Co		\$8,250,000
	Other (Specify: Certificates of Beneficial Interest)	s		\$
	Total		ntinuous	
		offe	ring, no imum*	\$8,250,000
	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 nvestors	Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>5</u>	\$.8,250,000
	Non-accredited Investors			<b>s</b>
	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 Offering		Type of Security	Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			S
	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 insurer. 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			\$N/A
	Printing and Engraving Costs			\$
	Legal Fees.			\$
	Accounting Fees			S
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)		]	S
	Other Expenses (identify)			s
	Total			\$N/A
	• • • • • • • • • • • • • • • • • • •			ALA U

	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS			
	Question 1 and total expenses fur	aggregate offering price given in response to Part C - mished in response to Part C — Question 4.a. The beeds to the issuer."	nis	\$N/A		
5.	used for each of the purposes shown estimate and check the box to the le	justed gross proceed to the issuer used or proposed to to. If the amount for any purpose is not known, furnish aft of the estimate. The total of the payments listed muthe issuer set forth in response to Part C — Question 4	an Ist			
			Payments to Officers, Directors, & Affiliates	Payments to Others		
	Salaries and fees		<b>s</b>	□ <b>s</b>		
	Purchase of real estate		🗆 s	□ s		
	Purchase, rental or leasing and instal	lation of machinery and equipment	🗆 \$ <u> </u>	□ s		
	Construction or leasing of plant build	dings and facilities	<b>S</b>	□ <b>\$</b>		
	Acquisition of other businesses (incl may be used in exchange for the asse	uding the value of securities involved in this offering thets or securities of another issuer pursuant to a merger)	at	□ s		
	Repayment of indebtedness		<b>S</b>	□ s		
	Working capital	🗆 \$	□ <b>s</b>			
	Other (specify):		□ \$	□ s		
	Column Totals		🗆 <b>\$</b>	<b>\$</b>		
	Total Payments Listed (column total	s added)	<b>S</b>			
<u> </u>		D. FEDERAL SIGNATURE				
following	signature constitutes an undertaking	signed by the undersigned duly authorized person. In by the issuer to the U.S. Securities and Exchange Com- on-accredited investor pursuant to paragraph (b)(2) of R	nmission, upon writter			
Issuer (Pr	nt or Type)	Signature	e -			
	Tertius Fund, L.P.		2007, 2007			
	Signer (Print or Type)	Title of Signer (Print of Type)	ogan Tartius Event J. P.	-: <del></del>		
Stuart Lea	Ц	Cadogan Associates, LLC, as General Partner of Cado	ogan Terrius Puna, L.P	•		
		By: Stuart Leaf, Chief Executive Officer				

# ATTENTION

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

				API	PENDIX				
1	Inter sell to accre invest State	nd to o non- edited cors in (Part em 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  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	Partnership Interests*	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ					<del></del>				
AR									
CA		Х	*	1	-0-	0	N/A		х
СО									
СТ									
DE									
DC									
FL									
GA									
HI			-						
ID									·
IL						-			
IN					-				
IA									
KS									
KY									
LA									
ME									
MD									
MA		х	*	1	\$1,000,000	0	N/A		Х
MI									
MN									
MS									
МО									
MT									
NE									
NV									
NH									
NJ									

				API	PENDIX			<del></del>	
1	Intersell to accretinves	nd to o non- edited tors in (Part em 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)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Partnership Interests*	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NM		х	*	1	\$1,000,000	0	N/A		Х
NY		Х	*	3	\$4,750,000	0	N/A		х
NC					,				
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX		Х	*	1	-0-	0	N/A		Х
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									
FN									

