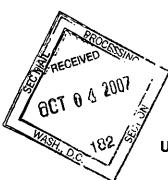
FORM D



1414508

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 Number:

3235-0076

Expires:

April 30, 2008 Estimated average burden

hours per response:

16.00

SEC USE ONLY								
Prefix	Prefix Serial							
DATE RECEIVED								
	1	1						

Name of Offering (check if this is an amendment and name has changed, and indicate change	.) .
Goldman Sachs BMET Investors, L.P.: Limited Partnership Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506	☐ Section 4(6
Type of Filing: ☑ New Filing ☐ Amendment	A TATAN AND AND AND AND AND AND AND AND AND A
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.	07078711
Goldman Sachs BMET Investors, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
85 Broad Street, New York, NY 10004	(212) 902-1000
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	·
To operate as a private investment fund.	J PROCESSE
Type of Business Organization	OLI 10 euse
☐ corporation ☐ limited partnership, already formed	other (please specify):
□ business trust □ limited partnership, to be formed	THOMSON
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 5 0 7	☑ Actual □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev	iation for
State: CN for Canada; FN for other foreign j	urisdiction) DE
CENEDAL INCTRICTIONS	

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.

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. 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.

Potential persons who are to respond to the collections 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: ☐ Promoter* ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or *Issuer's Investment Manager Managing Partner
Full Name (Last name first, if individual) Goldman, Sachs & Co.
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General Partner and/or Managing Partner
Full Name (Last name first, if individual) GS BMET Advisors, L.L.C.
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General Partner and/or *of the Issuer's General Partner
Full Name (Last name first, if individual) Lane, Eric
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General Partner and/or * of the Issuer's General Partner ☐ Managing Partner
Full Name (Last name first, if individual) Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General Partner and/or * of the Issuer's General Partner
Full Name (Last name first, if individual) Enquist, Katherine
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General Partner and/or * of the Issuer's General Partner Managing Partner
Full Name (Last name first, if individual) Friedman, Richard
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director ☐ General Partner and/or * of the Issuer's General Partner ☐ Managing Partner
Full Name (Last name first, if individual) Olson, Kristin
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General Partner and/or * of the Issuer's General Partner Managing Partner
Full Name (Last name first, if individual) Restieri, Larry
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004

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

					corp	orate general and man	ignig partiici:	o OI þ	atticiship issuers, and
*	Each general and mar	naging partner o	f part	inership issuers.					
Check B	ox(es) that Apply:	☐ Promoter		Beneficial Owner * of the Issuer's		Executive Officer* Internal Partner	Director	□ .N	General Partner and/or Managing Partner
Full Nam Bowman	ne (Last name first, if i	ndividual)							
	or Residence Address	(Number and	1 Stre	et, City, State, Zip C	Code))			
	d Street, New York, N				,				
Check B	ox(es) that Apply:	☐ Promoter		Beneficial Owner * of the Issuer'		Executive Officer* Ineral Partner	Director	0	General Partner and/or Managing Partner
ι	ne (Last name first, if in	ndividual)		·					
Boucher		/NI	I Carr						· <u> </u>
1	or Residence Address 1 Street, New York, N		1 2116	et, City, State, Zip C	(apo.	•			
•	ox(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer C			General Partner and/or
Full Nan	ne (Last name first, if i	ndividual)							
Business	or Residence Address	(Number and	1 Stre	et, City, State, Zip C	Code)				
Check Be	ox(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Director		General Partner and/or Managing Partner
Full Nam	ne (Last name first, if in	ndividual)							
Business	or Residence Address	(Number and	l Stre	et, City, State, Zip C	Code)				
Check Bo	ox(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Director		General Partner and/or Managing Partner
Full Nam	e (Last name first, if in	ndividual)							· -
Business	or Residence Address	(Number and	l Stre	et, City, State, Zip C	Code)				
Check Bo	ox(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Director		General Partner and/or Managing Partner
Full Nam	e (Last name first, if in	ndividual)							
Business	or Residence Address	(Number and	Stre	et, City, State, Zip C	Code)				
Check Bo	ox(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Director		General Partner and/or Managing Partner
Full Nam	e (Last name first, if in	ndividual)							
Business	or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)				
Check Bo	ox(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Director		General Partner and/or Managing Partner
Full Nam	e (Last name first, if it	ndividual)							
Business	or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)				
									**

		<u> </u>		B. IN	FORMAT	TON ABO	OUT OFF	ERING				
											Yes	No
1. Has	 Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Ø	
				Answer also	in Append	ix, Column	2, if filing	under ULO	E.			
	2. What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the General Partner to accept lesser amounts.									\$ 10	00.000	
5u	nject to the d	uscretion o	tne Gener	ai Partner	to accept 16	esser amou	nts.				1,0	00,000
3 Doe	s the offering	permit ioin	t ownership	of a cinale	unit?						Yes ☑	No
	_	_	-	_							Œ	
com If a or s	er the information or single person to be lates, list the roker or dealer	milar remun isted is an a name of the	eration for s ssociated pe broker or de	solicitation erson or age ealer. If m	of purchase ent of a brok ore than five	ers in connecter or dealer e (5) person	ction with s registered is to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full Na	me (Last name	e first, if inc	lividual)									
Busines	s or Residence	e Address (Number and	Street, Cit	y, State, Zip	Code)						
Name o	f Associated I	Broker or D	ealer									
States in	n Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Checl	c "All States"	or check in	dividual Șta	tes)			*************				🗆 А	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA] [*]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] me (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Tun Na	me (Last nam	e mst, n me	iividuai)									
Ducinas	s or Residence	a Address (I	Number and	Cteant City	Ctata 7im	Codo						
Dusines	s of Residence	e Address (1	vumber and	Sileet, Cit	y, State, Zip	(Code)						
Name o	f Associated F	Broker or De	ealer									
	Which Perso											
	"All States"											1 States
(AL) [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	[DE] [MD]	[DC] [MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	me (Last name			([4-]		[]	[[]	(•)	[11.2]	[]
Busines	s or Residence	e Address (l	Number and	Street, City	y, State, Zip	Code)						
					•			-				
Name of	f Associated E	Broker or De	ealer					•				
	Which Perso				o Solicit Pu							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[O]] [ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	, ISCI	[GD]	ITNI	(TY)	וידיוזו	(VT)	[VA]	[WA]	rwyi	rwn	IWVI	rppi

(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

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 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	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred	_			
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$	62,050,000	\$	62,050,000
	Other (Specify)	\$	0	\$	0
	Total	\$	62,050,000	\$	62,050,000
	Answer also in Appendix, Column 3, if filing under ULOE.	_	32,000,000	-	32,30 3,50 0
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 Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors.	_	35	\$	62,050,000
	Non-accredited Investors	_	0	\$_	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
	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	\$	N/A
	Regulation A	_		\$	N/A
	Rule 504	_		\$	N/A
	Total	_		\$	N/A
th th	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 the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		-	
	Transfer Agent's Fees		0	\$_	0
	Printing and Engraving Costs			\$_	0
	Legal Fees		☑	\$_	70,000
	Accounting Fees			\$_	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$_	0
	Other Expenses (identify) legal and miscellaneous			\$ _	0
	Total		Ø	\$ _	70,000
				_	

C. OFFERING PRICE	<u>, NUMBER OF INVESTORS, EXF</u>	<u>PENS</u>	SES A	AND USE OF P	ROCE	EDS	
 b. Enter the difference between the agg - Question 1 and total expenses furnish difference is the "adjusted gross proceeds 	ed in response to Part C - Question 4.a	i. Th	is		\$_		61,980,000
 Indicate below the amount of the adjuste to be used for each of the purposes show furnish an estimate and check the box payments listed must equal the adjusted to Part C - Question 4.b. above. 	n. If the amount for any purpose is not to the left of the estimate. The total	knowr of th	n, ie				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ 🗆	\$_	0
Purchase of real estate			\$_	0	_ 🗆	\$_	0
Purchase, rental or leasing and installation	of machinery and equipment		·\$_	0		\$_	0
Construction or leasing of plant buildings	and facilities		\$_	0	_ 🗖	\$_	0
Acquisition of other businesses (including this offering that may be used in exchange another issuer pursuant to a merger)	ange for the assets or securities of		\$	0		\$	0
Repayment of indebtedness			- \$	0		\$	0
Working capital			\$	0		s	. 0
Other (specify): Investment capital			\$	0	- -	\$ _	61,980,000
Column Totals			\$_	0	- _ Ø	\$_	61,980,000
Total Payments Listed (column totals add	ed)			☑ \$	61,98	30 <u>,000</u>	<u> </u>
	D. FEDERAL SIGNATU	RE					
The issuer has duly caused this notice to be following signature constitutes an undertaking its staff, the information furnished by the issuer.	ig by the issuer to furnish to the U.S. Second	urities	and	Exchange Commis	ssion, uj		
Issuer (Print or Type) Goldman Sachs BMET Investors, L.P.	Signatur	1		Date October 3, 2	007		_
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Jennifer Barbetta	Vice President of the Issuer's Gener	ral Pa	rtnei	•			

END

ATTENTION

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