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	APPROVAL	
OMB NUMBER:	3235-0076	
Expires:	April 30, 2008	
Estimated average burden	1	
hours per response	16.00	

	SEC USE ONLY	
Prefix	Serial	
	1	
	DATE RECEIVED	

Name of Offering (check if this is an amendment	and name has changed, and indicate change.)	
Series A Convertible Redeemable Preferred Sto	ck	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section	4(6) ULOPEC HECEIVED
Type of Filing: ■ New Filing □ Amendment		227 2 2 222
	A. BASIC IDENTIFICATION DATA	OCI 2 3 200 PENCESSED
1. Enter the information requested about the issuer		MOOLEGELS
Name of Issuer (check if this is an amendment an	d name has changed, and indicate change.)	185 OCT 2 9 2007
BIKAM Pharmaceuticals, Inc.		THOMSON
Address of Executive Offices (Number and St	rect, City, State, Zip Code)	Telephone Number (Including Area CodFINANCIAL
55 Cambridge Parkway, Suite 301, Cambridge, !	MA 02142	617-252-4343
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business:		
Pharmaceutical research and development comp	any	
Type of Business Organization		I AR DAN BERTH LIBERT BERTH LIBERT CONTROL OF THE ARTER AND ARTER
■ corporation	☐ limited partnership, already formed	□ other (plea
□ business trust	□ limited partnership, to be formed	
	Month Year	07079355
Actual or Estimated Date of Incorporation or Organ		Stimated
Jurisdiction of Incorporation or Organization: (Enter	r two-letter U.S. Postal Service abbreviation for State:	

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 USC 77d(6).

DE

CN for Canada; FN for other foreign jurisdiction)

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.

When 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 a 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.

ATTENTIO

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.

5	A. BASIC IDE	NTIFICATION DATA		
Enter the information requested for				
	the following: if the issuer has been organized within t	he past five years:		
Each beneficial owner having	the power to vote or dispose, or direct	the vote or disposition of, 10	0% or more of a c	lass of equity securities of the issuer;
 Each executive officer and di 	rector of corporate issuers and of corpo			
 Each general and managing p 	partner of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Own	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Littleshild John				
Littlechild, John Business or Residence Address	(Number and Street, City, State, Zip	Code)		
	(**************************************			
c/o BIKAM Pharmaceuticals, Inc., 55	Cambridge Parkway, Suite 301, Car	nbridge, MA 02142		
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Own	er 🗆 Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Lennox, Ronald				
Business or Residence Address	(Number and Street, City, State, Zip	Code)		
(participation)	6			
c/o BIKAM Pharmaceuticals, Inc., 55 Check Box(es) that Apply:	- 6116		■ Director	County of the Managine Branch
Full Name (Last name first, if individual	Li Homotoi	Executive Officer	- Director	☐ General and/or Managing Partner
run Name (Last name mst, m marvidua)	,			
Kaushal, Shalesh				
Business or Residence Address	(Number and Street, City, State, Zip	Code)		
Need Address				
Check Box(es) that Apply:	☐ Promoter ■ Beneficial Owne	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual				
University of Florida Research Found Business or Residence Address	(Number and Street, City, State, Zip	Code)		
Dustiless of Residence Address	(Number and Street, City, State, Zip	Code)		
288 Grinter Hall, P.O. Box 115500, Ga				
Check Box(es) that Apply:	☐ Promoter ■ Beneficial Owner	Executive Officer □	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
HealthCare Ventures VIII, L.P.				
Business or Residence Address	(Number and Street, City, State, Zip	Code)		
55 Cambridge Parkway, Suite 301, Ca Check Box(es) that Apply:	B 6 10	· · · · · · · · ·	= D' ·	
Full Name (Last name first, if individual	- I Tolliotei	Executive Officer	☐ Director	☐ General and/or Managing Partner
run Name (Last name mst, m mulviduai	,			
CHL Medical Partners III, L.P.				
Business or Residence Address	(Number and Street, City, State, Zi	p Code)		
1055 Washington Boulevard, 6th Floor	Stamford CT 06901			
Check Box(es) that Apply:	□ Promoter □ Beneficial Owne	er	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual			<u> </u>	
Business or Residence Address	(Number and Street City State 7)	m Code)		
Dushiess of Residence Address	(Number and Street, City, State, Zi	p code)		
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner	er	□ Director	☐ General and/or 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.)

	B. INFORMATION ABOUT OFFERING		· · · · · · · · · · · · · · · · · · ·
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.	u	•
2.	What is the minimum investment that will be accepted from any individual?	s	n/a
		Yes	No
	Does the offering permit joint ownership of a single unit?	-	a
	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 1 None	Name (Last name first, if individual) e		
Busir	ness or Residence Address (Number and Street, City, State, Zip Code)		
Name	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers		<u>. </u>
	(Check "All States" or check individual States)	All States	
_[A _[I]	ILI TINI TIAI (KSI (KY) (LAI (MEI (MD) (MAI (MI) (MN)	_ [HI] _ [MS]	_ {ID] _ [MO]
_ (N F) _	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR] [WY]	_ [PA] _ [PR]
	name (Last name first, if individual)		
	ness or Residence Address (Number and Street, City, State, Zip Code)		
Name	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	All States	
_[A	AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA]	_ [HI]	_ [1D]
_ [] _ []	MT) [NE) [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	_ [MS] _ [OR]	_ [MO] _ [PA]
_ [F	RIJ _ [SC] _ [SD] _ [TN] _ [TX] _ [UT] _ [VT] _ [VA] _ [WA] _ [WV] _ [WI]	_ [WY]	_ [PR]
Full l	Name (Last name first, if individual)		
Busin	iness or Residence Address (Number and Street, City, State, Zip Code)		
Name	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	All States	
_[A	AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA]	_ [HI] _ (MS)	_ [ID]
	MT] _[NE] _[NV] _[NH] _[NJ] _[NM] _[NY] _[NC] _[ND] _[OH] _[OK]	_ [M3] _ [OR] _ [WY]	_ [PA] _ [PR]
_[A _[I] _[N	(Check "All States" or check individual 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]	_ [HI] _ [MS] _ [OR]	_ [MO] _ [PA]

(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

ı.	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	S
	Equity	\$11,000,000	\$3,637,275
	□ Common ■ Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests	\$	s
	Other (Specify)	s	\$
	Total	\$ <u>11,000,000</u>	\$3,637,275
	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 of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$ <u>3,637,275</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s
	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		\$
	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	0	s
	Printing and Engraving Costs	0	s
	Legal Fees, accounting, etc.	•	\$ <u>40,000</u>
	Accounting Fees		\$
	Engineering Fees	0	s
	Sales Commissions (specify finders' fees separately)	0	\$
	Other Expenses (identify)	0	\$
	Total	_	\$ 40,000

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

	Enter the difference between the aggregate and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference is the				\$ <u>10,960,000</u>
5.	Indicate below the amount of the adjusted g for each of the purposes shown. If the amou and check the box to the left of the estimate adjusted gross proceeds to the issuer set for	int for any purpose is not known, furnish an The total of the payments listed must equal	estimate the			
				Payments to Officers, Directors, & Affiliates		Payments To Othera
	Splaries and fees	graduate damentum of billanamanamanadisa	0	\$	-	2
	Purchase of real estate	to the east allows more remoderation and the state of the	0	S	0	5
	Purchase, rental or leasing and installation of	f machinery and equipment	0	\$		\$
	Construction of leasing of plant buildings a	id facilities	0	2	-	5
	Acquisition of other business (including the that may be used in exchange for the 1990) merger)	or accordings of another desuct pursuant to a	٥	S	<u> </u>	S
	Repayment of indebtedness		<u> </u>	5	- -	5
	Working capital			5	_	\$_11.960.000
	Other (specify):			\$	-	\$
	Other (specify).		•	-	_	
				\$	0	5
	Column Totals		•	s <u> </u>	=	\$_11,960,000
Total Payments Listed (column totals added)		■ 777°5€0°BBS			I	
		D. FEDERAL SIGNAL	TURE			
ЭD .	e issuer has duly caused this notice to be signe undertaking by the issuer to furnish to the U.S. -accredited investor pursuant to paragraph (b)	Securities and Exchange Commission, upor	. If this notice written reques	ાફ filed under Rule 505, the n of its stuff, the informatio	following s n furnished	ignature constitutes by the issuer to any
1551	ict (Print or Type)	Signature /		Date		
011	CAM Pharmaceuticals, Inc.	for letter	and	October . 2007		
DII		··· 1.7				
	nc of Signer (Print or Type)	Title of Signer (Print or Type)				

ATTENTION

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

