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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

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	OMB AP	PROVAL.
MISSION	OMB Number: Expires:	3235-0076 April 30, 2008
	Estimated average	e burden se16.00

SEC USE ONLY				
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-	DATE RECEIVE			
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Name of Offering (check if this is an amer	dment and name has	changed, and indicat	e change.)		·
FrontPoint Financial Services Fund, L.P. Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	⊠ Rule 506	☐ Section 4(6)	ULOE
Type of Filing: ☐ New Filing ☐	Amendment A B	ASIC IDENTIFICATIO	NDATA -		
Enter the information requested about the	de marie de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya del la companya del la companya de la companya de la companya del la compa		STREET STREET,	Commence of the second	3315033
Name of Issuer (check if this is an arr FrontPoint Financial Services Fund, L.P.	endment and name	nas changed, and indic	ate change.)		
Address of Executive Offices	(Number	and Street, City, State	e, Zip Code)	Telephone Number (Inc	luding Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Str	eet, City, State, Zip Co	de)	Telephone Number (Inc	luding Area Code)
(ii dinoton non Exocutio Omess)		PROCE	SSED		
Brief Description of Business		0 0 0 0 0 0	••		EGAN INDIA SIRA AND AND IN INCIDEN
		OCT 10	2007		
		THOMS		07	14 14 14 14 14 14 14 14
Type of Business Organization	☐ limited partne	rship, already formed		other (please specify	v):
business trust	=	rship, to be formed		, . ,	
Actual or Estimated Date of Incorporation or	Organization:	Month	Year	Actual	☐ Estimated
Jurisdiction of Incorporation or Organization:		U.S. Postal Service ab FN for other foreign jur		e:	

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 mall 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 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 the payment of a fee as a precondition to the dalm 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.

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 (05-05)	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.				

AT BASIC IDENTIFICATION DATA WAS A STATE OF THE STATE OF							
2. Enter the information reques	-						
	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 							
	raging partner of partners		and managing particle of pa	intinoistip issocia, una			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	(ndividual)				Managing Futures		
FrontPoint Financial Services							
Business or Residence Addre		t. City. State. Zio Code)		······································			
2 Greenwich Plaza, Greenwich	•						
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or		
Check Box(es) that Apply.	Ø Flomoter	Li berieficial Owner	C Executive Officer	Director	Managing Partner		
Full Name (Last name first, if	individual)		-				
FrontPoint Partners LLC		•					
Business or Residence Addre	ess (Number and Stree	t, Clty, State, Zip Code)	•	· · · · · · · · · · · · · · · · · · ·			
2 Greenwich Plaza, Greenwich	h, CT 06830						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or		
					Managing Partner		
Full Name (Last name first, if	individual)						
Hagarty, John							
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)					
2 Greenwich Plaza, Greenwich	th, CT 06830						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	(ndividual)		 -				
Boyle, Geraldine							
Business or Residence Addre	ess (Number and Stree	t, City, State, Zlp Code)			,		
2 Greenwich Plaza, Greenwich	th, CT 06830						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
McKinney, T.A.							
Business or Residence Addre	ess (Number and Stree	t City State Zip Code)	·				
2 Greenwich Plaza, Greenwich		··· ··· ··· ·· · · · · · · · · · · · ·					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or		
Crieck box(es) trial Apply.		beneficial owner	ZA CACOUNTE OMOCI		Managing Partner		
Full Name (Last name first, if	individual)						
Arnold, Jill							
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)					
2 Greenwich Plaza, Greenwich	ch, CT 06830						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Marmoll, Eric	,						
Business or Residence Address (Number and Street, City, State, Zip Code)							
2 Greenwich Plaza, Greenwich, CT 06830							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)				<u> </u>		
Creaney, Robert	,						
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)		····			
2 Greenwich Plaza, Greenwich	•	• •					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if	Individual)				
Munno, Dawn			**		
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			·
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·		
Mendelsohn, Erlc		ı			
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		•		
Webb, James G.					
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)	•		
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		-		•
Berning, Bradley					
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				•
Daniels, Vincent					
Business or Residence Addre		t, City, State, Zip Code)			
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Collins, Atwood Porter					
Business or Residence Addre		t, City, State, Zip Code)			
2 Greenwich Plaza, Greenwich					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Eisman, Steven					
Business or Residence Addre	·	t, City, State, Zip Code)			
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
FrontPoint Offshore Financia					
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			
2 Greenwich Plaza, Greenwich	ch, CT 06830				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	*				
FrontPoint Multi-Strategy Fur	· · · · · · · · · · · · · · · · · · ·				<u> </u>
Business or Residence Addre	•	t, Clty, State, Zip Code)			
2 Greenwich Plaza, Greenwich	ch, CT 06830				

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 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount
	Type of Security	Offering Price	Already Sold
	Debt	\$	<u>\$</u>
	Equity	\$	\$
	☐ Common ☐ Preferred	_	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$651,705,842	\$651,705,842
	Other (Specify),	\$	\$
	Total	\$651,705,842	\$651,705,842
	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."		
	Notice of Zero.	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	29	\$651,705,842
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filling 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		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees	-	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		

	C. OFFERING PRICE NUM	BER OF INVESTORS, EXPENSES /	AND (JSE OF PROCEEDS	大海	在中国的
	b. Enter the difference between the aggregate offering Question 1 and total expenses in response to Part C the "adjusted gross proceeds to the issuer."	- Question 4.a. This difference is			\$ 65	1,705,842
5.	Indicate below the amount of the adjusted gross proceed to be used for each of the purposes shown. If the amount of the state of the left of the elected must equal the adjusted gross proceeds to the issection 4.b above.	ount for any purpose is not known, stimate. The total of the payments				
				Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees	***************************************		\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and Installation of mach	inery and equipment		\$		\$
	Construction or leasing of plant buildings and facility	es		\$		\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset pursuant to a merger)	s or securities of another issuer		\$		\$
	Repayment of indebtedness		_	\$		\$
	Working capital			\$		\$
	Other (specify): Investment in limited partner inte			\$	Ø	\$651,705,842
		•	u	·		
				\$	П	\$
	Column Totals		_	\$	⊠	\$651,705,842
Total Payments Listed (column totals added)			_	⊠ \$651,7		2
::::::::::::::::::::::::::::::::::::::			avster or		are entre	
		D FEDERAL SIGNATURES				
cor	e issuer has duly caused this notice to be signed by the un estitutes an undertaking by the issuer to furnish to the U.S. hished by the issuer to any non-accredited investor pursua	Securities and Exchange Commission	this r on, up	on written request of its	505, ti staff, ti	ne information
Iss	uer (Print or Type) Signatu	Flex		Date		, , , , , , , , , , , , , , , , , , , ,
Fro	ntPoint Financial Services Fund, L.P.	7		October 2, 2007		
Na	me of Signer (Print or Type) Title of	Signer (Print or Type)		-		
T.A. McKinney Senior Vice President of FrontPoint Financial				ices Fund GP, LLC, gene	eral pa	irtner of the Issuer

ATTENTION

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

END