UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

7///	OMB APPROVAL
•	OMB Number: 3235-0076
CION	Expires: April 30, 2008

Estimated average burden

16.00 hours per response:

NOTICE OF SALE OF SECURITIES	SUANT TO REGULATION D, SECTION 4(6), AND/OR LIMITED OFFERING EXEMPTION  DATE RECEIVED	EC USE UNLY
PURSUANT TO REGULATION D, SECTION 4(6), AND/OR	Prefix	Serial
SECTION 4(6), AND/OR		
UNIFORM LIMITED OFFERING EXEMPTION	D/	ATE RECEIVED
186/3		
ame of Offering (Scheck if this is an amendment and name has changed, and indicate change.)		_
Goldman Sachs West Street Portfolios, LLC (f/k/a Goldman Sachs West Street Partners II, LL	.C): Units of Li	mited Liability Company
Interests		
iling Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Se	ection 4(6)	□ ULOE
vne of Filing:   New Filing   Amendment		

rining Under (Check box(es) that apply).	Kuie 304 Li Kuie 303 Li	300000111(0)	OLOL
Type of Filing:	diment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the iss	suer		
Name of Issuer ( check if this is an amendr	ment and name has changed, and indicate change.)		
Goldman Sachs West Street Portfolios, L.	LC (f/k/a Goldman Sachs West Street Partners 1	, LLC)	4.4
	Number and Street, City, State, Zip Code) es LLC, 701 Mount Lucas Road, Princeton, New	Telephone Number (in (609) 497-5500	ncluding Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)  PROCESSE	Telephone Number	
Brief Description of Business  To operate as a private investment fund.	OCT 2.3 2007		07079500
Type of Business Organization  ☐ corporation ☐ business trust	☐ limited partnership, already <b>FINANCIAL</b> ☐ limited partnership, to be formed	✓ other (please	

## GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

### 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.

Month

(Enter two-letter U.S. Postal Service abbreviation for

State: CN for Canada; FN for other foreign jurisdiction )

Year

5

☑ Actual

0

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.

□ Estimated

E

A. BASIC IDENTIFICATION DATA	1 1									
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 Managing Partner									
Full Name (Last name first, if individual)										
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)	<del></del>									
Business or Residence Address (Number and Street, City, State, Zip Code)										
701 Mount Lucas Road, Princeton, New Jersey 08540										
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner									
Full Name (Last name first, if individual)										
Goldman Sachs West Street Partners II Employee Fund 2006, LLC										
Business or Residence Address (Number and Street, City, State, Zip Code)	ı 									
c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐  *of the Issuer's Managing Member	General and/or Managing Partner									
Full Name (Last name first, if individual)										
Barbetta, Jennifer	<u> </u>									
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Goldman Sachs Hedge Fund Strategies LLC, 32 Old Slip, New York, New York 10005										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐  *of the Issuer's Managing Member	General and/or Managing Partner									
Full Name (Last name first, if individual)										
Clark, Kent A.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐  *of the Issuer's Managing Member	General and/or Managing Partner									
Full Name (Last name first, if individual)										
Lawson, Hugh J.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004										
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)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner									

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

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

**Business or Residence Address** 

				R INI	FORMAT	ION ABO	UT OFFI	ERING				
<u> </u>				<b>D.</b> 411	Oleyirti	101171100	01 011.				Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Ø	
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									\$ 2,00	*000,00		
*The Man	aging Mon	nhar of tha	lecuar in i	te colo dico	ration may	accent sub	scrintions	in lesser an	iounts		Yes	No
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts.  3. Does the offering permit joint ownership of a single unit?												
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.												
				nformation	for that bro	ker or deale	er only.					
Full Name	(Last name	first, if ind	ividual)									
Goldman	Sachs & C	'n.										
			Number and	Street, City	y, State, Zip	Code)						
	Street, Nev		w York 100	004								
Name of A	issociated D	STOKET OF DE	aici									
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(RI)	[SC]	[SD]	[TN]	[TX]	[MT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	Full Name (Last name first, if individual)											
	(	,	,									
Pusinasa	n Dagidana	Address ()	Number and	Street City	. Stata Zin	Codo)						
Dusiness o	i Kesidence	: Address (1	Number and	Sireet, City	y, State, Zip	Code						
Name of A	ssociated B	roker or De	ealer									
			s Solicited		o Solicit Pu	rchasers						16
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[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[ W V J	[ 44 1]	[ 44 1 ]	[11]
i un munic	(East name	. 11131, 11 1110	ividialij									
<del></del>												
Business o	r Residence	e Address (i	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	ealer	•								
States in V	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]	(HI)	[ID]
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[MT]	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]_	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(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 \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		A	mount Already Sold
	Debt	\$	0	\$		0
	Equity (Shares)	\$	0	\$		0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$_	0	\$		0
	Partnership Interests	\$_	0	\$		0
	Other (Specify: Units of Limited Liability Company Interests)			\$		915,037,000
	Total	\$	915,037,000	\$		915,037,000
	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 Investors			Aggregate Pollar Amount of Purchases
	Accredited Investors	_	427	\$		915,037,000
	Non-accredited Investors	_	N/A	\$		N/A
	Total (for filings under Rule 504 only)		N/A	\$		N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE.  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		r	Pollar Amount
	Type of offering		Security		L	Sold
	Rule 505	_	N/A	\$		N/A
	Regulation A		N/A	\$		N/A
	Rule 504		N/A	\$		N/A
	Total	_	N/A	\$		N/A
tl tl	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
	Printing and Engraving Costs			\$		0
	Legal Fees		囟	\$		280,022
	Accounting Fees			\$		0
	Engineering Fees.			\$		0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify)			\$		0
	Total		Ø	\$		280,022

. '	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXI	PENS	ES A	AND USE OF PI	ROCE	<u>EDS</u>			
	<ul> <li>Enter the difference between the aggreg</li> <li>Question 1 and total expenses furnished difference is the "adjusted gross proceeds to</li> </ul>	in response to Part C - Question 4.a	i. Th	is		<b>\$</b> _		914,756,978		
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown, furnish an estimate and check the box to payments listed must equal the adjusted groto Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	knowi 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	of machinery and equipment		\$_	0		\$_	0		
	Construction or leasing of plant buildings as	nd facilities		\$_	0		\$_	0		
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	nge for the assets or securities of		\$	0		\$	0		
	Repayment of indebtedness			<b>s</b>	0		\$	0		
	Working capital			\$	0	<u> </u>	\$	0		
	Other (specify): Investment Capital			\$	0	$\square$	<b>s</b> _	914,756,978		
	Column Totals			\$_	0	Ø	\$ <u>_</u>	914,756,978		
	Total Payments Listed (column totals added)							914,756,978		
		D. FEDERAL SIGNATU	RE							
fc	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the iss	g by the issuer to furnish to the U.S. Se	ecuriti	ies an	d Exchange Comn	nission,	upon	er Rule 505, the a written request		
Gol (f/k II,	ner (Print or Type) Idman Sachs West Street Portfolios, LLC /a Goldman Sachs West Street Partners LLC)	Signature			October 15, 200	07	•			
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)								
Ka	thryn Pruess	Vice President of the Issuer's Mana	iging i	Mem	ber					

**ATTENTION** 

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

