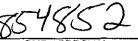
# FORM D



# FORM D





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

SEC L	SEC USE ONLY								
Prefix	Serial								
_ 1									
DATE	RECEIVED								
1	i								

		···				
Name of Offering (☐ check if this is Warrant to Purchase Common Sto		name has changed, a	and indicate cha	inge.)	SECM	ALL TO THE REAL PROPERTY OF THE PERTY OF THE
Filing Under (Check box(es) that app	lv):	☐ Rule 505	☑ Rule 506	☐ Sectio	n(4(b)	CEQE 181.
Type of Filing: ☑ New Filing	Amendment				1 OEC	18 C
	A.	BASIC IDENTIF	ICATION DAT	ГА		( ) 。图
1. Enter the information requested	about the issuer					(00)
Name of Issuer ( check if this is an	amendment and nar	ne has changed, and	l indicate chang	e.)	1/86	1
EMRISE Corporation				·	سلال	SECTION
Address of Executive Office		(Number and Stree	t, City, State, Z	ip Code)	Telephone Nu	mber (Including Area Code)
9485 Haven Avenue, Suite 100, Rar	icho Cucamonga, C	CA 91730		1	909-942-3201	-
Address of Principal Business Operat	ions	(Number and Stree	t, City, State, Z	ip Code)	Telephone Nu	mber (Including Area Code)
(if different from Executive Officers)			•		•	, ,
Brief Description of Business		<u>,                                    </u>		<u> </u>		
						PROCESSED
Electronic devices and communicat	ions equipment				V	146 36'31 '4 21 13
Type of Business Organization	<u></u>					DEC 3 1 2007
☑ corporation	☐ limited partner	ship, already forme	d l	other (ple	ease specify):	DEC 3 1 ZOUI
☐ business trust		ship, to be formed		٠.	. ,,	THOMSON
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Organ	nization: (Enter	two-letter U.S. Pos	tal Service abbr			
	CN	l for Canada; FN foi	outer toreign ji	urisaiction)	U	<u>ile</u>

### **GENERAL INSTRUCTION**

#### 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 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.

#### 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 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.

	DACIO	IDENT	EDITO A P	PIANI I	DA TEA
a.	MASIL	ILIK XI			IIAIA

### 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.

<b>G</b> .					·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Name (Last name first, if in Oliva, Carmine T.	dividual)				
Business or Residence Addi 9485 Haven Avenue, Suite		Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Name (Last name first, if in Finnegan, Laurence P. Jr.					
Business or Residence Addi 9485 Haven Avenue, Suite		Street, City, State, Zip Code)	•		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	Cl General and/or Managing Partner
Name (Last name first, if in Baskin, Otis W.	dividual)		<del></del>	<del></del>	
		Street, City, State, Zip Code)			
9485 Haven Avenue, Suite Check Box(es) that Apply:		Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Name (Last name first, if in Mahmarian, Richard E.	dividual)				
Business or Residence Address Haven Avenue, Suite		Street, City, State, Zip Code)	<u> </u>		
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Name (Last name first, if in Donovan, D. John	dividual)		<del> </del>		
Business or Residence Addr 9485 Haven Avenue, Suite		Street, City, State, Zip Code)		·	
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Name (Last name first, if in Jefferies, Graham	dividual)				<u> </u>
Business or Residence Addr 9485 Haven Avenue, Suite		Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Name (Last name first, if in	dividual)		· · · · · · · · · · · · · · · · · · ·		
Marxe, Austin W. and Gre	enhouse, David N	1. Itreet, City, State, Zip Code)			
527 Madison Avenue, Suit	e 2600, New York	NY 10022		·	
	(U	se blank sheet, or copy and use add	itional copies of this sheet, as	necessary.)	

2088/020512-0021 869603.01 a12/11/07

Based on share beneficial ownership information contained in a Form 4 filed October 23, 2007 by Austin W. Marxe and David M. Greenhouse, the controlling principals of AWM Investment Company, Inc. ("AWM"). AWM serves as the general partner of MGP Advisers Limited Partnership, the general partner of and investment advisor to Special Situations Fund III QP, L.P. Messrs. Marxe and Greenhouse share voting and investment power over 3,955,922 shares of common stock owned by Special Situations Fund III QP, L.P. Messrs. Marxe and Greenhouse have indicated their respective interests in the shares owned by that fund is limited to the extent of their respective pecuniary interest.

					B. II	NFORMA	ΓΙΟΝ ΑΒ	OUT OFF	ERING						
1.	Has the issu	ier sold or	does the i	ssuer inter	nd to sell.	to non-acci	edited inve	estors in th	is offering	?				Yes □	No ☑
١.	1143 (110 133)	ici 301 <b>4</b> , 01	does the s			Appendix									
2.	What is the	minimum	investmen						-				•••••	<b>\$</b>	N/ <u>A</u>
															No
3.	Does the of													Ø	
4.	Enter the commission person to be list the nad dealer, you	n or simila be listed is me of the	ar remune an associa broker or	ration for ated perso dealer. If	solicitati on or agen more tha	on of pure it of a brok an five (5)	hasers in er or deal persons t	connection er register to be lister	n with sale ed with th	es of secur e SEC and	rities in th 1/or with a	ie offering. I state or st	. If a ates,		
Ful	l Name (Last	name first	, if individ	lual)				····	.=				•		
Bus	siness or Res	idence Add	lress (Num	iber and S	treet, City	, State, Zip	Code)	····							
Nai	me of Associ	ated Broke	r or Deale	<u></u> r				-, <del></del>			<del></del>				
Sta	tes in Which	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers	<del></del>							
	(Check "Al	l States" of	r check inc	lividual St	ates)		***************************************	•••	*************		•••••		🗆	All S	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DE	FL	GA	HI	ID		
	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО		
	MT	NE	NV]	NH	NJ	NM	NY	NC	ND	OH	OK	OR TOTAL	PA		
	RI	SC	SD	TN	TX	UT	(VT)	VA	WA	WV	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR		
Ful	l Name (Last	name first	, if individ	lual)		-		<u></u> _							
Bu	siness or Res	idence Add	tress (Num	ber and S	treet, City	, State, Zip	Code			·					
Naı	ne of Associ	ated Broke	r or Dealer		<u>-</u> .										
Sta	tes in Which	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					<del></del>			<del></del>
	(Check "Al	l States" or	r check ind	lividual St	ates)				·····			***************************************	🗆	All S	tates
	AL	AK	AZ	AR	(CA)	CO	CT	DE	DE	FL	GA	HI	ID		
	[IL]	IN .	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	NV	NH	NJ	NM	NY	NC TYPE	ND	OH	OK]	OR I	PA		
	RI	SC	SD	[TN]	TX	UT	VT	VĀ	WA	[WV]	WI	WY	PR		
Ful	l Name (Last	name first	, if individ	ual)		· <del>····································</del>			<del> </del>						
Bus	siness or Resi	dence Add	lress (Num	ber and St	treet, City,	State, Zip	Code							-	
Nar	ne of Associa	ated Broke	r or Dealer	•											
Stat	es in Which	Person List	ted Has So	licited or	Intends to	Solicit Pur	chasers					· · · · · · · · · · · · · · · · · · ·			
	(Check "Al	l States" or	check ind	ividual Sta	ates)			***************	•••••••••••		***************************************		🗆	All S	tates
	AL	AK	AZ	AR	CA	CO	CT	DE	DE	FL	GA	HI	ID		
	IL.	ĪN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE)	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	[VT]	VA	WA	$\overline{\mathbf{W}}\mathbf{V}$	WI	WY	PR		

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

## 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 I and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Price Already Sold Type of Security Debt..... Equity..... ☐ Preferred ☐ Common Convertible Securities (including warrants) Common Stock Purchase Warrant..... 3,199,999 Partnership Interests Other (Specify \_\_\_ 3,199,999 3,199,999 Total Answer also in Appendix, Column 3, if the filing under ULOE. 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 person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number of Dollar Amount of Purchases Investors Accredited Investors.... Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if the 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 Dollar Amount Type of offering Security 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 <u>5,00</u>0 ablaAccounting Fees.... Engineering Fees Sales Commissions (specify finders' fees separately).....

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

Other Expenses (identify) \_\_\_\_\_\_

Total.....

Ø

5,000

5. Indicate each of check proceed	otal expenses furnished in responsable proceeds to the issuer."	regate offering price given in response to Part rese to Part C — Question 4.a. This difference sted gross proceeds to the issuer used or proposamount for any purpose is not known, furnish the The total of the payments listed must equal rese to Part C — Question 4.b above.	e is the "adjusted sed to be used for an estimate and	·		\$ <u>3,194,999</u>
each of check proceed	of the purposes shown. If the the box to the left of the estimate	amount for any purpose is not known, furnish te. The total of the payments listed must equal	n an estimate and	Payments to		
				Directors &		Payments to
				Affiliates	_ ^	Others
			Ц	3	. U ».	
	se, rental or leasing and installati	on or machinery		\$	\$.	
Constru	uction or leasing of plant building	gs and facilities		\$	□ <b>\$</b>	
Acquisi off <del>eri</del> ng	sition of other businesses (including that may be used in exchan	ling the value of securities involved in this ge for the assets or securities of another				
-	-			•		
	-			3	. M. D.	3,134,333
Other (:						
				<b>S</b>	□ \$.	
Column						3,194,999
		lded)				3,194,999
		D. FEDERAL SIGNATURE				
signature co	constitutes an undertaking by the	signed by the undersigned duly authorized per issuer to furnish to the U.S. Securities and Exc on-accredited investor pursuant to paragraph (b)	hange Commission	on, upon written		
lssuer (Prin EMRISE (	nt or Type) Corporation	Signature S. D.	Date Decemb	per <u>1.3</u> , 2007		
Name of Si	igner (Print or Type)	Title of Signer (Print or Type)				
D. John Do	onovan	Vice President of Finance and Adminis	tration, Secretar	v and Tressure	r	

	E. STATE SIGNATURE										
1.		262 presently subject to any of the disqua									
		See Appendix, Column 5, for state	response.								
2.	The undersigned issuer hereby undersigned D (17 CFR 239.500) at such times as	•	of any state in which this notice is filed a notice on Form								
3.	The undersigned issuer hereby under issuer to offerees.	ertakes to furnish to the state administra	tors, upon written request, information furnished by the								
4.	Limited Offering Exemption (ULOE		ions that must be satisfied to be entitled to the Uniform and understands that the issuer claiming the availability satisfied.								
	er has read this notification and knows to to the contract of	he contents to be true and has duly cause	d this notice to be signed on its behalf by the undersigned								
Issuer (P	rint or Type)	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date								
EMRIS	E Corporation	D. Hh Vin	December <u>13</u> , 2007								
Name of	Signer (Print or Type)	Title of Signer (Print or Type)									
D. John	D. John Donovan  Vice President of Finance and Administration, Secretary and Treasurer										

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	i	2	3			4			5	
								Disquali	ification	
			Type of security					under Sta	te ULOE	
	Intend	l to sell	and aggregate					(if yes, attach explanation of		
İ	to non-a	ccredited	offering price		Type of investor and					
1	investor	s in State	offered in state		amount purchased in State					
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-Item 2)					
				Number of Accredited		Number of Non-Accredited				
State	Yes	No	<u> </u>	Investors	Amount	Investors	Amount	Yes	No	
CA		x	Common Stock Purchase Warrant; \$3,199,999	1	\$3,199,999	0	0		x	

