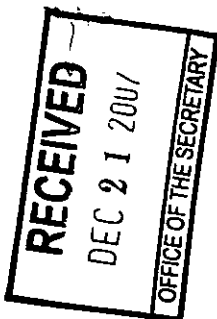


FORM D



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

108 3698 OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form 16.00

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Table with SEC USE ONLY, Prefix, Serial, and DATE RECEIVED fields.

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Series E Preferred Stock Financing

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

PROCESSED

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

JAN 10 2008

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

MedManage Systems, Inc.

THOMSON FINANCIAL

Address of Executive Offices (Number and Street, City, State, Zip Code) 3303 Monte Villa Parkway, Suite 325, Bothell, WA 98021

Telephone Number (Including Area Code) (425) 354-2000

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) same

Telephone Number (Including Area Code)

Brief Description of Business

Provider of drug sampling solutions through vouchers and information management tools



07086225

Type of Business Organization

corporation limited partnership, already formed other (plc) business trust limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month 06 Year 00 Actual Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:)

CN for Canada; FN for other foreign jurisdiction)

DE

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 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.

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 Managing Partner

Full Name (Last name first, if individual)

Kost, Cecil

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o MedManage Systems, Inc., 3303 Monte Villa Parkway, Suite 325, Bothell, WA 98021

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Lubash, Barbara

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Versant Ventures, 3000 Sand Hill Road, Building 4, Suite 210, Menlo Park, CA 94025

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Brooks, John

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Prism VentureWorks, 100 Lowder Brook Drive, Suite 2500, Westwood, MA 02090

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Gehr, Edward

Business or Residence Address (Number and Street, City, State, Zip Code)

19722 Mac Arthur Blvd., Suite 150, Irvine, CA 92612

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Dunnivant, Bryan

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Eli Lilly and Company, Lilly Corporate Center, D.C. 1088, Indianapolis, IN 46285

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Ward, Mike

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o QuestMark Partners, One South Street, 8th Floor, Baltimore, MD 21202

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

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 Managing Partner

Full Name (Last name first, if individual)

Gabelein, Kevin

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Fluke Venture Partners, 11400 SE 6th St., Suite 230, Bellevue, WA 98004

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Prism Venture Partners III L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Prism Ventures, 100 Lowder Brook Drive, Suite 2500, Westwood, MA 02090

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

QuestMark Partners II, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o QuestMark Partners, One South Street, 8th Floor, Baltimore, MD 21202

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Versant Venture Capital II, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Versant Ventures, 3000 Sand Hill Road, Building 4, Suite 210, Menlo Park, CA 94025

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Eli Lilly and Company

Business or Residence Address (Number and Street, City, State, Zip Code)

Lilly Corporate Center, D.C. 1088, Indianapolis, IN 46285

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

QuestMark Partners Side Fund II, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o QuestMark Partners, One South Street, 8th Floor, Baltimore, MD 21202

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

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 Managing Partner

Full Name (Last name first, if individual)

Fluke Venture Partners II, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Fluke Venture Partners, 11400 SE 6th St., Suite 230, Bellevue, WA 98004

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Nakahara, Robert

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o MedManage Systems, Inc., 3303 Monte Villa Parkway, Suite 325, Bothell, WA 98021

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Miller, Thomas

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o MedManage Systems, Inc., 3303 Monte Villa Parkway, Suite 325, Bothell, WA 98021

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Quinn, Thomas

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o MedManage Systems, Inc., 3303 Monte Villa Parkway, Suite 325, Bothell, WA 98021

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Shepherd Ventrueess II, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

12250 ERI Camino Real, Suite 116, San Diego, CA 92130

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)

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

B. INFORMATION ABOUT OFFERING

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual?..... | \$N/A | |
| 3. Does the offering permit joint ownership of a single unit?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | | |

Full Name (Last name first, if individual)

Susquehanna Financial Group, LLLP

Business or Residence Address (Number and Street, City, State, Zip Code)

401 City Avenue, Suite 612, Bala Cynwyd, PA 19004

Name of Associated Broker or Dealer

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]
 [IL] [IN] [IA] [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] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

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]
 [IL] [IN] [IA] [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] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

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]
 [IL] [IN] [IA] [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] [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 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	\$ _____	\$ _____
Equity.....	\$ 9,999,999.48	\$ 8,419,190.18
	<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred	
Convertible Securities (including warrants).....	\$ 201,218.64	\$ 0.00
Partnership Interests.....	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Total	\$10,201,218.12	\$ 8,419,190.18

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 Dollar Amount of Purchases
Accredited Investors	12	\$ 8,419,190.18
Non-accredited Investors	_____	\$ _____
Total (for filings under Rule 504 only).....	_____	\$ _____

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	_____	\$ 0

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.....	<input type="checkbox"/> \$ _____
Printing and Engraving Costs.....	<input type="checkbox"/> \$ _____
Legal Fees	<input checked="" type="checkbox"/> \$ 90,000.00
Accounting Fees.....	<input type="checkbox"/> \$ _____
Engineering Fees.....	<input type="checkbox"/> \$ _____
Sales and Commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/> \$ 74,999.92
Other Expenses (identify) _____	<input type="checkbox"/> \$ _____
Total	<input checked="" type="checkbox"/> \$ 164,999.92

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

b. Enter the difference between the aggregate offering price in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

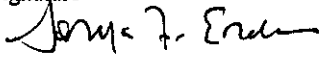
\$ 10,036,218.20

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>301,775.34</u>
Working capital	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>9,734,442.86</u>
Other (specify): _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals	<input type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>10,036,218.20</u>
Total Payments Listed (column totals added)		<input checked="" type="checkbox"/> \$ <u>10,036,218.20</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) MedManage Systems, Inc.	Signature 	Date <u>12/20/07</u>
Name of Signer (Print or Type) Sonya F. Erickson	Title of Signer (Print or Type) Assistant Secretary	

ATTENTION

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

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		<input checked="" type="checkbox"/>	Series E Preferred Stock (\$2,799,999.95)	4	\$2,799,999.95	0	0		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	Series E Warrants (\$113,018.31)	4	\$0.00	0	0		<input checked="" type="checkbox"/>
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN		<input checked="" type="checkbox"/>	Series E Preferred Stock (\$800,000.00)	1	\$800,000.00	0	0		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	Series E Warrants (\$4,800.06)	1	\$0.00	0	0		<input checked="" type="checkbox"/>
IA									
KS									
KY									
LA									
ME									
MD		<input checked="" type="checkbox"/>	Series E Preferred Stock (\$1,300,000.00)	2	\$1,300,000.00	0	0		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	Series E Warrants (\$4,800.06)	2	\$0.00	0	0		<input checked="" type="checkbox"/>
MA		<input checked="" type="checkbox"/>	Series E Preferred Stock (\$100,000.00)	2	\$100,000.00	0	0		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	Series E Warrants (\$4,800.06)	2	\$0.00	0	0		<input checked="" type="checkbox"/>
MI									
MN									
MS									
MO									

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA		<input checked="" type="checkbox"/>	Series E Warrants(\$74,999.92)	1	\$0.00	0	0		<input checked="" type="checkbox"/>
RI									
SC									
SD									
TN									
TX									
UT		<input checked="" type="checkbox"/>	Series E Preferred Stock (\$919,190.23)	2	\$919,190.23	0	0		<input checked="" type="checkbox"/>
VT									
VA									
WA		<input checked="" type="checkbox"/>	Series E Preferred Stock (\$2,500,000.00)	1	\$2,500,000.00	0	0		<input checked="" type="checkbox"/>
WV									
WI									
WY									
PR									

END