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

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

133414	7
OMB APPR	IOVAL
OMB Number: Expires: Estimated average but hours per form	April 30, 2008 urden
SEC USE	ONLY
Prefix	Serial
1	
DATE REC	EIVED
1	I

Name of Offering	(check if this is an ame	endment and name	has changed, and in	ndicate change.)		
Issuance of shares of	of K2 Overseas Long Shor	rt Fund I, Ltd.				
Filing Under (Check b	ox(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6	S) ULOE
Type of Filing:	☐ New Filing	Amendment				
		A. BASIC	CIDENTIFICAT	ION DATA		
1. Enter the informa	ation requested about the is	suer				
Name of Issuer	check if this is an amer	ndment and name h	as changed, and in	dicate change.		197085
K2 Overseas Long S	hort Fund I, Ltd.				070	101000
Address of Executive	Offices		(Number and Stree	at, City, State, Zip Co	de) Telephoni	Number (Including Area Code)
c/o Maples Finance I	BVI Limited, Kingston Cha	ambers, P.O. Box	173, Road Town To	ortola BVI		
Address of Principal C	Enter the information requested about the issuer ne of Issuer					
(if different from Execu	utive Offices)					ODOCESSED
Brief Description of Bu	usiness: Private Inves	tment Company				MUDDEODED.
						DEC 2 8 2007
Type of Business Orga	anization					DEC 5 0 500.
<u></u>	corporation	limited p	artnership, already	formed	other (please	specify) THOMSON
	business trust	☐ limited p	artnership, to be for	med		FINANCIAL
			Month	Year		1 11
Actual or Estimated Da	ate of Incorporation or Orga	ınization:	0 4	0	5 🛛	Actual
Jurisdiction of Incorpor	ration or Organization: (En	ter two-letter U.S. P	ostal Service Abbre	viation for State;	_	
		Ch	N for Canada; FN fo	r other foreign jurisdi	ction)	FN

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.

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.

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	A. BASIC I	DENTIFICATION DAT	A Section 19	
Each beneficial ow Each executive offi	he issuer, if the iss mer having the povicer and director of	suer has been organized wi wer to vote or dispose, or d			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Investment Manager
Full Name (Last name first,	if individual): K2 /	D&S Management Co., L.	L.C.		
Business or Residence Add	ress (Number and	street, City, State, Zip Co	de): 300 Atlantic Street, 12	Floor, Stamford	d, Connecticut 06901
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first,	if individual): Do	uglas III, William A.			·
Business or Residence Add	•		de) c/o K2/D&S Manageme	ant Co., L.L.C.	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual): Sau	ınders, David C.			· · · · · · · · · · · · · · · · · · ·
Business or Residence Add 300 Atlantic Street, 12 th Fig		-	de): c/o K2/D&S Managem	ent Co., L.L.C.	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual): Ferg	guson, John T.	· ·		
Business or Residence Adda 300 Atlantic Street, 12 th Fic			de): c/o K2/D&S Manageme	ent Co., L.L.C.	- PM-1
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Fuli Name (Last name first, i	f individual): Tex	as Treasury Safekeeping	Trust Co.		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 111 E. 17 th Street., Aus	stin, TX 78711	
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findividual): PFA	Pension			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de): Sundkrogsgrade 4, 21	00 Copenhagen (DE, Denmark
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cox	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de):		
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)

一次 美国 B. INFORMATION ABOUT OFFERING 45 -- 10 -- 15 SYST (* # Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... ☐ Yes 🖾 No Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... \$1,000,000* Subject to reduction 3. Does the offering permit joint ownership of a single unit?.... ☑ Yes □ No 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) J.P Morgan Securities Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 345 Park Avenue, 6th Floor, New York, New York 10154-1002 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 [AR] □ [AZ] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] ☐ [KS] _____ [MN] ___ [MS] ___ [MO] □ (iN) □ [RI] 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 □ [AZ] \square (AR) \square (CA) \square (CO) \square (CT) \square [DE] \square (DC) \square (FL) \square (GA) \square (HI) □ (iD) □ (IN) □ [IA] \square (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MT) \square (NE) \square (NV) \square (NH) \square (NH) \square (NM) \square (NC) \square (ND) \square (OH) \square (OK) \square (OR) \square (PA) 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

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

 \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA]

□ [GA] □ [HI]

[MN] ☐ [MS] ☐ [MO]

[WY] □ [PR]

 \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL]

□ [KY] □ [LA] □ [ME] □ [MD] □ [MA] □ [MI]

□ [AK]

□ [NE]

[MT]

□ [RI]

□ [AZ]

□ (IA)

□ [SD]

☐ [KS]

□ (TN)

□ [NH] □ [NJ]

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 Afready Sold
	Debt	. \$	\$	
	Equity	. \$	\$_	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	. \$	<u>\$</u> _	
	Partnership Interests	. \$	\$_	
	Other (Specify) Shares	\$ 1,000,000,000	<u>\$</u> _	804,303,221
	Total	\$ 1,000,000,000	\$	804,303,221
	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	42	<u>\$</u>	804,303,221
	Non-accredited Investors	n/a	<u>\$</u> _	n/a
	Total (for filings under Rule 504 only)	0	\$	0
3.	Answer also in Appendix, Column 4, if filing under ULOE 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	Types of Security		Dollar Amount Sold
	Rule 505	, n/a	\$	n/a
	Regulation A		\$	n/a
	Rule 504	n/a	\$	n/a
	Total	n/a	\$	n/a
١.	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	⊠	\$	46,020
	Accounting Fees		\$	
	Engineering Fees		\$.
	Sales Commissions (specify finders' fees separately)		<u>\$</u>	0
	Other Expenses (identify)		<u>\$</u>	.
	Total	🛮	\$	46,020

4	b.Enter the difference between the aggregate offering price given in response to Part C–Quand total expenses furnished in response to Part C–Question 4.a. This difference is the "a gross proceeds to the issuer."	-			<u>\$</u>	999,9	53,980	
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. all	an st equal		ayments to Officers, Directors & Affiliates				ments to Others
	Salaries and fees		\$		0	. 🗆	\$	0
	Purchase of real estate		\$_		0	. 🗆	\$	0
	Purchase, rental or leasing and installation of machinery and equipment		\$		0		\$	0_
	Construction or leasing of plant buildings and facilities		<u>\$</u>		0	. 🗆	\$	00
	offering that may be used in exchange for the assets or securities of another Issuer pursuant to a merger		\$	*	0	· 🗆	\$	0
	Repayment of indebtedness		\$		0		\$	0_
	Working capital		<u> </u>		0	. <u> </u>	\$ 999	953.980
	Other (specify):		\$		0		\$	0
	Other (specify):		<u></u>		0		\$	0
	Column Totals		<u>-</u> -		0	- — ⊠	\$ 999	,953,980
			<u> </u>		\$	•	953,98	
	Total payments Listed (column totals added)							-
	D. FEDERAL SIGNATUR							
CO	is issuer has duty caused this notice to be signed by the undersigned duly authorized personstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Community the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	n. If this (ission, up	notice is on writte	filed under in request (Rule of its :	505, the	e following informati	signature on furnished
Iss	suer (Print or Type) Signature					ate		
	Overseas Long Short Fund I, Ltd.		·		De	ecemb	er 19 ,	2007
	me of Signer (Print or Type) Title of Signer (Print or Type) hn T. Ferguson Director			 :				
	ATTENTION		_					
	Intentional misstatements or omissions of fact constitute federal of	riminal v	iolations	s. (See 18	U.S.C	. 1001.)	

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
 (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
K2 Overseas Long Short Fund I, Ltd	Jen J	December 19 , 200
Name of Signer (Print or Type)	Tiple/of Signer (P/fint or Type)	
John T. Ferguson	Director (//	
	/ /	
· · · · · · · · · · · · · · · · · · ·	7 7	

Instruction:

Print the names 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 manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	6 1	S 73 %	Same from the	APF	PENDIX	ing the state	17,5,7		; -
1		2	3		** * * **	4		5	;
	to non-a	I to sell ccredited s in State 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) Number of Accredited Investors Amount Investors Amount				
State	Yes	No	Shares of K2 Overseas Long Short Fund I, Ltd.	Accredited					
AL				-					
AK									
AZ			· .						
AR								-	
CA		х	\$500,000,000	1	\$1,000,000	0	\$0		х
co									
СТ		х	\$500,000,000	1	\$2,500,000	0	\$0		х
DE	_								
DC									
FL		Х	\$500,000,000	1	\$500,000	0	\$0		X
GA								 	
н									
ID									<u> </u>
IL		X	\$500,000,000	1	\$6,000,000	0	\$0		X
IN		X	\$500,000,000	1	\$600,000	0	\$0		X
IA									<u> </u>
KS							···-		
KY LA		-		-					
ME					,	-			
MD		_							
MA	·								
MI		x	\$500,000,000	1	\$7,000,000	0	\$0		×
MN			4000,000,000	'			Ψ		
MS		-			. <u></u> .			· <u>-</u>	
МО									<u> </u>
MT								_	
NE	-				у . д				
NV					·				
NH			-			-			
NJ		х	\$500,000,000	1	\$1,000,000	0	\$0		Х
NM		-			- · · <u></u>				

	, ,	nikku	, 1 : P	AF	PENDIX	, 3	51. #	V	are in in
1		2	3 4						
	to non-a	I to sell ccredited s in State – 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)				
State	Yes	No	Shares of K2 Overseas Long Short Fund I, Ltd.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY		Х	\$500,000,000	7	\$7,250,000	0	\$0		х
NC		х	\$500,000,000	4	\$2,450,000	0	\$0		х
ND									
ОН		х	\$500,000,000	1	\$1,000,000	0	\$0		х
ОК									
OR									
PA				<u></u>					
RI									
sc									
SD									
TN									
TX		Х	\$500,000,000	1	\$576,000,000	0	\$0		х
UT								<u> </u>	
VT				·					
VA							<u>,</u>		
WA									
wv									
WI					_		- · <u></u>		<u> </u>
WY									1
Non		x	\$500,000,000	22	\$199,003,220	0	\$0		х

