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Washington, DC 103

(6/99)

SEC 1972 Potential persons who are to 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.

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 state exemption unless such exemption is predicated on the filing of a federal notice.

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

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

FORM D

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

SEC USE ONLY							
Prefix Serial							
DATE	RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Hebrides II Offshore Fund, Ltd.

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6)

[] ULOE

Type of Filing: [X] New Filing [] Amendment

JAN 2-8-2008

PROCESSED

1. Enter the information requested about the issuer

THOMSON FINANCIAL

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Hebrides II Offshore Fund, Ltd.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Hebrides Capital Management, LLC, 320 Park Avenue, New York, NY 10022, (212) 415-8260

A. BASIC IDENTIFICATION DATA

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

The issuer invests primarily in long and short positions in publicly traded common stocks, options and other securities.



Type of Business Organi	zation	
[X] corporation	[] limited partnership, already formed	[] other (please specify):
[] business trust	[] limited partnership, to be formed	
	Month Yea	ar
	of Incorporation or Organization: [0][4][0] tion or Organization: (Enter two-letter U.S. Pos CN for Canada; FN for other fo	

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 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 in the notice constitutes a part of this notice and must be completed.

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	[X]Director	[]	General and/or Managing Partner
Full Name (Last name Bune, Anthony	· · · · · · · · · · · · · · · · · · ·)					
Business or Residence		er and Street,	City, S	State, Zip Co	de)		
c <u>/o Hebrides Capital M</u>	<u>lanagement, LLC</u>	, 320 Park Av		<u>New York, N'</u>	Y 10022		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[X]Director	[]	General and/o Managing Partner
Full Name (Last name Brunie, Charle	s H.						
Business or Residence							
c/o Hebrides Capital N					Y 10022 [] Director	n	General and/o
Check Box(es) that Apply:	[] Promoter [Owner	[]	Officer	[] Director	U	Managing Partner
Full Name (Last name	first, if individual)					
Business or Residence	e Address (Numb	er and Street,	City, S	State, Zip Co	de)		
Check Box(es) that Apply:	[] Promoter [Beneficial Owner	[]	Executive Officer	[] Director	[]	General and/o Managing Partner
Full Name (Last name	first, if individual)					
Business or Residence	e Address (Numb	er and Street,	City,	State, Zip Co	de)		
Check Box(es) that Apply:	[] Promoter [Beneficial Owner	[]	Executive Officer	[] Director	[]	General and/o Managing Partner
Full Name (Last name	first, if individual)					
Business or Residenc	e Address (Numb	er and Street,	City,	State, Zip Co	de)		
Check Box(es) that Apply:	[] Promoter [Beneficial Owner	[]	Executive Officer	[] Director	[]	General and/o Managing Partner
Full Name (Last name	first, if individual)					
Business or Residenc	e Address (Numb	er and Street,	City,	State, Zip Co	de)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[] Director	[]	General and/o Managing Partner
Full Name (Last name	first, if individual)	· · · · · · · · · · · · · · · · · · ·				
Business or Residenc	e Address (Numb	er and Street,	City,	State, Zip Co	de)	•	
(Use blank	sheet, or copy a	nd use additi	onal c	opies of this	s sheet, as nec	essa	iry.)
	B. INF	ORMATION	ABOU	T OFFERING	}		

Form D

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Form	D g?									_	4 of 10	[
01101111	9		Answ	er also i	n Appen	dix, Colu	ımn 2, if	filing und	der ULO		[]	
		minimun 		nent that	t will be a	accepted	I from an	ny			\$250,00 (subject Fund's of to accept amount)	ti dis ot
3. Doe	s the off	fering pe	rmit joint	owners	hip of a	single ur	nit?	***********			Yes [X]	,
directly in con associ state of listed	y or indir inection ated per or states are ass	rectly, an with sa rson or a , list the	y comm les of s agent of name o persons	ission or ecurities a broke f the bro s of suo	similar in the ror deal oker or deal oker or deal oker or deal	remuner offering ler regist lealer. If	ation for . If a petered wit more th	solicitation erson to th the SE an five (be paid on of pur be liste EC and/o 5) personay set for the personal set	chasers d is an or with a ns to be	; 	
		st name										=
	N/A			<u> </u>			. 0					
Busine	ess or Re	esidence	Address	s (Numb	er and S	treet, Cr	ty, State,	, Zip Coo	ie)			
Name	of Asso	ciated Br	oker or [Dealer								-
			 									_
					cited or I States)			Purchase	ers		11 All Ch	-4
(Cileci	N All Sta	ales of C	HIECK HIC	liviuual	siales)	•••••	•••				[] All Sta	1
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY]	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR]	
[LVI]	[၁၀]		[114]	[1/]	[01]	[VT]	[VA]	[VVA]	[vv v]	[vvi]	[WY]	
Full Na		st name	first, if in	dividual)			·					_
	_N/A			***								_
Busine	ss or Re	esidence	Address	(Numb	er and S	treet, Cit	ty, State,	, Zip Cod	le)			
Name	of Assoc	ciated Br	oker or [Dealer	•							_
								Purchase	ers			
(Check	C"All Sta	ates" or c	heck inc	lividual S	States)	• • • • • • • • • • • • • • • • • • • •					[] All Sta	31
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	
Full Na	me (l as	st name	first if in	 dividual)								=
	N/A		, 11 1111		· 							
Busine		sidence	Address	(Numb	er and S	treet, Cit	y, State.	Zip Cod	le)			

Hamo of Associated broker of Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit P (Check "All States" or check individual States)	urchasers	[] All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA]	[DC] [FL] [G/ [MA] [MI] [MI [ND] [OH] [OH] [WA] [WV] [W	Nj [MŠ] [MÖ] K] [OR] [PA]
(Use blank sheet, or copy and use additional copies	of this sheet, as ne	cessary.)
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	ISES AND USE OF	PROCEEDS
1. Enter the aggregate offering price of securities included in the offering and the total amount already sold. Enter "0" if answer "none" or "zero." If the transaction is an exchange offering, checking box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	is ck	
Type of Security Debt Equity	Aggregate Offering Price \$ N/A \$ 100,000,000	Amount Already Sold \$ N/A \$ 2,065,547.74
[X] Common [] Preferred		
Convertible Securities (including warrants) Partnership Interests Other (Specify) Total	\$ N/A \$ N/A \$ N/A \$ 100,000,000	\$ N/A \$ N/A \$ N/A \$ 2,065,547.74
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investo who have purchased securities in this offering and the aggrega dollar amounts of their purchases. For offerings under Rule 50 indicate the number of persons who have purchased securities ar the aggregate dollar amount of their purchases on the total line Enter "0" if answer is "none" or "zero."	te <u>4,</u> nd	A
		Aggregate Dollar Amount
Accredited Investors	Number Investors 7 0 N/A	of Purchases \$ 2,065,547.74 \$ 0 \$ N/A
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, offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	in ne	
Time of official	Type of Security	Dollar Amount
Type of offering Rule 505N/A	N/A N/A N/A N/A	Sold \$ N/A \$ N/A \$ N/A \$ N/A

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	[]	\$ N/A
Printing and Engraving Costs	[X]	\$2,000
Legal Fees(including Blue Sky legal fees)	[X]	\$30,000
Accounting Fees	[X]	\$20,000
Engineering Fees	Ĺĺ	\$ N/A
Sales Commissions (specify finders' fees separately)	ĺ	\$ N/A
Other Expenses (identify) Blue Sky fees, escrow account fees, etc	[X]	\$2,000
Total	[X]	\$54,000

b. Enter the difference between the aggregate offering price given 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."

\$99,946,000

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.

	•	ments to		
	Offic Dire Affili	ctors, &	Paym Other	nents To
Salaries and fees	[]\$	(1)	[]\$	0
Purchase of real estate	[]\$		[]\$	0
Purchase, rental or leasing and installation of machinery			••	
and equipment	[]\$	0	[]\$	0
Construction or leasing of plant buildings and facilities	[]\$	0	[]\$	0
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)	[]\$	0	[]\$	0
Repayment of indebtedness	[]\$	0	[]\$	0
Working capital	11\$	0		99,946,000
Other (specify): Investments in securities of entities principally engaged in the health sciences industry	[]\$	0	[]\$	0
Column Totals	[]\$		[X] \$9	99,946,000
Total Payments Listed (column totals added)	• •	[X] \$99,9		

⁽¹⁾ See Supplemental Response attached hereto.

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 <u>Rule 505</u>, 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 <u>Rule 502</u>.

Issuer (Print or Type) Hebrides II Offshore Fund, Ltd.	Signature Date 1/14/08
1 <u> </u>	Title of Signer (Print or Type) Title: Director

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

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disquali fication provisions of such rule?	Yes []	 No [X]"
See Appendix, Column 5, for state response.		

- 2. 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) Hebrides II Offshore Fund, Ltd.	Signature Milhouy Me	Date /////o %
, , ,	Title (Print or Type)	/ •·
Anthony D. Bune	Title: Director	

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	2		3			4		<u> </u>	5
•	Intend to s to non-accre	dited State	Type of security and aggregate	1	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со				-					
СТ									· *
DE									
DC									
FL		Х	Common Stock \$100,000,000	1	\$200,000				х
GA									
ні					,				
ID									
IL									
iN									
lA									
KS									
KY									
LA									
ME									
MD									

Form			4				Page 9	OI IU		
1	2		3	4 Di					5 Disqualification	
		Type of	under State							
	security Intend to sell and aggregate								ULOE	
ł	to non-accredited offering price			Type of investor and				(if yes, attach explanation of		
1	investors in State offered in state			amount purchased in State				waiver granted)		
	(Part B-Item 1) (Part C-Item 1)			(Part C-Item 2)				(Part E-Item 1)		
				Number of		Number of				
CASAS	\ \/			Accredited	A	Non-Accredited			.	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
MA		Х	Common Stock \$100,000,000	2	\$359,560.50				Х	
МІ			\$100,000,000			<u> </u> 		<u> </u>		
1										
MS		†								
]]						İ			
МО					, ,					
мт										
NE										
NV										
NH										
										
NJ	 									
NM										
NY		Х	Common Stock \$100,000,000	3	\$1,105,987.24			-	Х	
NC		V	Common Stock \$100,000,000	1	\$400,000				х	
ND										
ОН										
ОК										
OR				· · · · · · · · · · · · · · · · · · ·						
PA										
RI										
sc										
SD										
TN										
ТХ										
UT				_						
L										

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1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		offered in state					5 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
VT									
VA									
WA									
W٧									
WI									
WY									
PR									

SEC FORM D NOTICE Supplemental Response to Part C - Question 5

The issuer pays Hebrides Capital Management, LLC, a Delaware limited liability company (the "Adviser"), which is an affiliate of the issuer, a quarterly fee in arrears on the first business day of each quarter at a rate of 0.375% (1.5% per year) of the net asset value of the issuer as of such day.

The Adviser also receives an annual performance fee which, determined on a per Share basis, is equal to 20% of the increase in value, if any, of each series of the applicable class of shares during each fiscal year. The annual performance fee for each calendar year attributable to each share outstanding on the first and last day of such calendar year is equal to 20% of the excess, if any, of (A) the adjusted net asset value per share on the last day of the calendar year over (B) the net asset value per share on the first day of the calendar year. As part of any calculation of the annual performance fee, any net increases in the issuer's net assets in a calendar year will first be applied to reduce the loss recovery amount applicable to any shares (if the loss recovery amount is more than zero at the time of such calculation) to zero. Therefore, the annual performance fee otherwise payable in any calendar year will not be payable to the extent that net increases in net assets achieved in such calendar year do not exceed the loss recovery amount at such time. In order to ensure that the performance fee is properly charged only to those shares that have appreciated in value, shares in each class are issued in series with series one shares being issued at the start of the calendar year and further separate series issued on each separate subscription day during the calendar year. Since the issuer's portfolio assets are recorded in the issuer's annual financial accounts at their fair market value, the annual performance fee will reflect any net changes in unrealized appreciation or depreciation in the value of the issuer's portfolio as of the close of each calendar year, as well as gains and losses realized during the calendar year. performance fee, if any, generally is due and payable within 90 days after the close of each year.

The Adviser and the issuer's administrator are responsible for providing all office personnel, office space and office facilities required for the performance of their respective services. The issuer bears all other expenses incident to its operations and business (including brokerage and custody charges, interest and taxes), as well as professional fees of its auditors and attorneys.

