

Wall Processing **LEB** 555008

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

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

ONLY
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OMB APPROVAL OMB Number:.....3235-0076

1417 702

Name of Offering	(□ check if this is an a	amendment and name redit Opportunities Fu		ndicate change.)		
F ling Under (Chec	k box(es) that apply):	☐ Rule 504	☐ Rule 505		Section 4(6)	ULOE
T /pe of Filing:	☐ New Filing	Amendment				
		A. BASIC	DENTIFICAT	ION DATA		## \$\$\\\ #\\\ #\\\
1. Enter the info	mation requested about th	e issuer				
Name of Issuer	check if this is an a	mendment and name h	as changed, and in	dicate change.	- INVIII TARKĀ	<u> </u>
K2 Credit Opport	unities Fund, LLC					8040538
Address of Executi	ive Offices:		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	umber (Including Area Code)
c/o K2/D&S Mana	gement Co., L.L.C., 300 A	tlantic Street, 12 th Flo	or, Stamford, Con	necticut 06901		(203)348.5252
Address of Principa	al Offices		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	umber (Including Area Code)
(if different from Ex	recutive Offices)					
Brief Description of	f Business: Private In	vestment Company				
				—PROCE	SQED-	
Type of Business (Organization				-OGED	
	□ corporation	☐ limited p	artnership, already	formed FEB 2	other (please sp	pecify)
	☐ business trust	☐ limited p	artnership, to be fo	med	LIMIG d Liability Co	mpany
	d Date of Incorporation or C	<u> </u>	Month 0 8 Postal Service Abbr	THOMS FINANC eviation for State;	SON MAC	tual Estimated
		CI	N for Canada; FN fo	or other foreign jurisd	iction) D	E

GENERAL INSTRUCTIONS

F∉ deral:

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.

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 II	DENTIFICATION DAT	A					
2. E	Each beneficial own Each executive office	ne issuer, if the iss ner having the por cer and director o	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 Na	arne (Last name first,	if individual):	K2/D&S Managemer	nt Co., L.L.C.						
Busine	ess or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 300 Atlantic Street, 1	2 th Floor, Stamfor	d, Connecticut 06901				
Check	Box(es) that Apply:	☐ Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner				
Full Na	ame (Last name first,	if individual):	Douglass III, William) A.						
	ess or Residence Add ord, Connecticut 069		Street, City, State, Zip Co	de): c/o K2/D&S Managem	ent Co., L.L.C., 30	00 Atlantic Street, 12 th Floor,				
Check	Box(es) that Apply:	Promoter	□ Beneficial Owner		Director	☐ General and/or Managing Partner				
Full Na	ame (Last name first, i	if individual):	Saunders, David C.							
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2/D&S Management Co., L.L.C., 300 Atlantic Street, 12 th Floor, Stamford, Connecticut 06901										
Check	Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner				
Full Na	ame (Last name first, i	f individual):	John T. Ferguson							
	ess or Residence Addi ecticut 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2/D&S Manageme	ent Co., L.L.C., 30	0 Atlantic Street, 12 th Floor, Stamford,				
Clieck	Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Member				
Full Na	ame (Last name first, i	f individual):	Lexington Portfolio	, LLC	·					
	ss or Residence Addr	ress (Number and	Street, City, State, Zip Coo	de): Lexington Commercia	al Holdings, Inc., 9	9350 Wilshire Dr., Suite 400, Beverly				
Check	Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
Ft II Na	ıme (Last name first, i	f individual):	Douglass Family Tru	ıst	, 184-dul*/* h					
	ss or Residence Addr		Street, City, State, Zip Coo	de): c/o Jonathan Wainwri	ght, TTEE, Cadwa	alader, Wickersham & Taft, One World				
Check	Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Na	me (Last name first, i	f individual):								
Busine	ss or Residence Addr	ess (Number and	Street, City, State, Zip Coo	ie):						
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Fu i Na	me (Last name first, i	findividual):								
Busine	ss 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)

					В.	INFORM	MATION	ABOUT	OFFER	ING	· · · · · · · · · · · · · · · · · · ·		
1.	Has the issu	er sold, or	does the is	suer inten			edited inve pendix, Co				•••••	☐ Yes	⊠ No
2.	What is the	ninimum in	vestment t	that will be	accepted	from any i	ndividual?						000,000* e waived
_												5	
	Does the off	-										Yes	□ No
	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.												
Fuli I	Name (Last i	ame first, i	f individual)									* ****
Busi	ness or Resi	dence Addr	ess (Numi	per and Str	eet, City, S	State, Zip	Code)						
Nam	e of Associa	ed Broker	or Dealer										
State	s in Which F										,		□ All States
	(Check "All : .L] ☐ [AK	[AZ]			•						[HI]	☐ [ID]	☐ All States
							[MD]			_		_	
□]N	IT) [NE	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	☐ [OR]	[PA]	
□ ;F	RI] 🗆 [SC	☐ [SD]	□ [TN]	[XT]	[UT]	□ [VT]	□ [VA]	□ [WA]	□ [WV]	□ [Wi]	□ [WY]	□ [PR]	
Ful I	Name (Last r	ame first, i	f individual)									
Busin	ness or Resi	dence Addr	ess (Numb	per and Str	eet, City, S	State, Zip	Code)						
Nam	e of Associa	ed Broker	or Dealer										*
	s in Which F												☐ All States
	(Check "All S .L] ☐ [AK				-						☐ [HI]	□ [ID]	☐ All States
	.] 🔲 [IN]	□ [IA]	□ [KS]	□ [KY]	[LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	[MS]	[MO]	
	IT] [NE	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	[OH]	□ [OK]	□ [OR]	□ [PA]	
□ "F	ii] 🔲 [SC	☐ [SD]	[TN]	□ [ТХ]	□ [UT]	[VT]	□ [VA]	□ [WA]	[WV]	[WI]	□ [WY]	□ [PR]	
Full	lame (Last r	ame first, i	individual)									
Busin	ess or Resid	lence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Narn	e of Associat	ed Broker (or Dealer										
	s in Which F (Check "All S												☐ All States
□IA	•				-					☐ [GA]	[HI]	□ [ID]	
		□ [IA]		[KY]			☐ [MD]		_	☐ [MN]	☐ [MS]	☐ [MO]	
□ [N	IT) [NE	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
	n 🗆 rsc:	□ tsDī	□ ITN3	Ппхі	Пит	П≀/Ш	□ (\/A)	□ rw.a1		□ min		∏ (PR)	

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

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	s	0	\$	0
	Equity		0	s	0
	☐ Common ☐ Preferred		······································	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0_	\$	0
	Other (Specify) Membership Interests	\$	500,000,000	\$	30,000,000
	Total	•	500,000,000		30,000,000
	Answer also in Appendix, Column 3, if filing under ULOE	•	000,000,000	<u> </u>	00,000,000
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		Aggregate Dollar Amount
			Investors		of Purchases
	Accredited Investors		11	\$	30,000,000
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)		0	\$	0
	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		Types of Security		Dollar Amount Sold
	Rule 505		n/a	<u>\$</u>	n/a_
	Regulation A		n/a	\$	n/a_
	Rule 504		n/a	\$	n/a
	Total		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		🗆	\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		_	<u> </u>	10,000
	Accounting Fees		_	\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		_	<u> </u>	0
	Other Expenses (identify))			<u> </u>	0
	Total			s s	10,000
	· • · · · · · · · · · · · · · · · · · ·				,

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

s the e qual e	Payments to Officers, Directors & Affiliates	- -	499,990,000 Payments to Others
qual e. \$	Officers, Directors &		
<u>\$</u>			
_		□	\$
<u>\$</u>		□	\$
<u>\$</u>		🗆	\$
<u>\$</u>	<u> </u>	🗆	\$
<u>\$</u>			\$
<u>\$</u>		🗆	<u>\$</u>
<u>\$</u>		🛛	\$499,990,000
<u>\$</u>		□	<u>\$</u>
<u>\$</u>		🗅	\$
\$		🛛	\$499,990,000
	⊠	\$499,99	90,000
f this notice on, upon wr	is filed under ritten request o	Rule 505, the	e following signature information fumished
		Date Februa	ary 21, 2008
om II C	ite Member I	<u>'</u>	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ If this notice is filed under on, upon written request on the content of the c	\$ \\ \$ \\ \$ \\ \$ \\ \$ \\ \$ \\ \$ \\ \$ \\

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 disqualification provisions of such rule?									
	See A	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 iss Exemption (ULOE) of the state in which this no of establishing that these conditions have beer		sfied to be entitled to the Uniform limited Offering ng the availability of this exemption has the burden							
	e issuer has read this notification and knows the conte thorized person.	ents to be true and has duly caused this notice to b	be signed on its behalf by the undersigned duly							
	uer(PrintorType) redit Opportunities Fund, LLC	Signature	Date February 21, 2008							
	rne of Signer (Print or Type) hn T. Ferguson	Title of Signer (Printor Type): Chief Operating Officer, K2 Advisors, L.L.	.C. its Member Manager							

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.

				AP	PENDIX				
1	;	2	3			4		5	,
	to non-a investors	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	Membership Interests	Number of Accredited Investors	Accredited Non-Accredited				No
AL									
AK									
AZ									
AR									
CA		х	\$500,000,000	1	\$5,000,000	0	\$0		Х
100									
ст		х	\$500,000,000	3	\$10,000,000	0	\$0		Х
DE									
DC									
FL		Х	\$500,000,000	1	\$1,000,000	0	\$0		Х
GA								ļ	
HI									
ID								ļ	
IL.									
IN .									
IA I									
KS									
KY				- ·					
I.A								ļ	
ME								<u> </u>	
MD								<u> </u>	
MA		X	\$500,000,000	1	\$2,500,000	0	\$0		X
INI									
MN									
MS									
MO									
MT									
NE							- Marian Earl Coll		
NV									
HIA									
IIJ									<u> </u>
NM								<u> </u>	<u> </u>

				AP	PENDIX				
	;	2 3 4							
	Intend to non-ad investors (Part B -	ccredited in State	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	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
YII		Х	\$500,000,000	2	\$10,000,000	0	\$0		Х
NC									
ND									
СіН									
СК									
CIR							-		
FA		Х	\$500,000,000	1	\$1,000,000	0	\$0		х
RI									
sc									
SD									
TN									
ТX									
LT									
VT									
VA									<u> </u>
W'A									
WV									
V/I									
WY									
Non		Х	\$500,000,000	1	\$500,000	0	\$0		Х

