1392253

SEC 1972 Potential persons who are to respond to the collection of information contained (5-05) 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 unless such exemption is predicated on the filing of a federal notice.

APR 2 3 2008
THOMSON
FINANCIAL

SEC Mail Processing

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

APR 172908

FORM D

Washington, DCNOTICE OF SALE OF SECURITIES

101 PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number: 3235-0076				
Expires: April 30, 2008				
Estimated average burden hours per response 16.00 SEC USE ONLY				
Prefix Serial				
DATE RECEIVED				

[] other (please specify):

Name of Offering ([] check if this is a Entegrion, Inc. Series C Preferred			nged, and indica	ite change.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	[] ULOE
Type of Filing: [X] New Filing [] A	Amendment				
	A. BASIC ID	ENTIFICATION	DATA		HAN IANIA DANKA AKATA DINAD KIRA
Enter the information requested a	bout the issuer				
Name of Issuer ([] check if this is an Entegrion, Inc.	amendment and	name has chang	jed, and indicate	change.)	08046358
Address of Executive Offices (Nur 79 TW Alexander Drive, 4401 Reso (919) 536-1500					
Address of Principal Business Opera Area Code) (if different from Executive Offices)	ations (Number a	nd Street, City, S	State, Zip Code)	Telephone Numbe	r (Including
Brief Description of Business Therapeutics development compa	any focused on h	omeostasis.			
Type of Business Organization					

[] limited partnership, already formed

[X] corporation

[] business trust	[] limited partnership, t	[] limited partnership, to be formed			
	14-0-4-114-11-11-11-11-11-11-11-11-11-11-11-	Month	Year		
Actual or Estimated Date of	[03]	[2004]	[X] Actual	[] Estimated	
Jurisdiction of Incorporation	or Organization: (Enter two-letter CN for Canada; FN for				te:

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 gene al and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Chack Roy(os) that Apply:	[] Promotor	[Y] Repeticial Owner	[X] Executive Officer	[Y] Director [1 Conoral and/o
Check Box(es) that Apply:	[] Promoter	[A] benendar Owner	[A] Executive Officer	[X] Director [Managing Partner
Full Name (Last name first, Eskridge, E. S., Jr.	if individual)	" and the same and ses			
Business or Residence Add 79 TW Alexander Drive, 4				Park, North Ca	rolina 27709
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director [] General and/o Managing Partner
Full Name (Last name first, Martin, Richard (Chief Fir		r)	*** · · · · · · · · · · · · · · · · · ·		
Business or Residence Add 79 TW Alexander Drive, 4				Park, North Ca	rolina 27709
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director [General and/o Managing Partner
Full Name (Last name first, Corbitt, William S., III	if individual)		-		
Business or Residence Add 79 TW Alexander Drive, 4				Park, North Ca	rolina 27709
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director [General and/or Managing Partner
Full Name (Last name first, Thagard, Norman E.	if individual)				
Business or Residence Add 79 TW Alexander Drive, 4				 Pa∷k, North Ca	rolina 27709

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Petteway, Stephen R., Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 79 TW Alexander Drive, 4401 Research Commons, Suite 200, Research Triangle Fark, North Carolina 27709 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Nash, Patrick F. Business or Residence Address (Number and Street, City, State, Zip Code) 79 TW Alexander Drive, 4401 Research Commons, Suite 200, Research Triangle Park, North Carolina 27709 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Diractor General and/or Managing Partner Full Name (Last name first, if individual) Edwards, Thomas L. Business or Residence Address (Number and Street, City, State, Zip Code) 79 TW Alexander Drive, 4401 Research Commons, Suite 200, Research Triangle Park, North Carolina 27709 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director General and/or Managing Partner Full Name (Last name first, if individual) Mowell, John B. Business or Residence Address (Number and Street, City, State, Zip Code) 79 TW Alexander Drive, 4401 Research Commons, Suite 200, Research Triangle Park, North Carolina 27709

B. INFORMATION ABOUT OFFERING

1. Has	the issue	er sold, o	r does th	e issuer	intend to	sell, to no	on-accred	ited inves	tors in thi	s offering	??€ []	s No [X]
								iling unde				
2. What is the minimum investment that will be accepted from any individual?								_	<u> 25,000.00</u>			
3. Doe	s the offe	ering perr	mit joint c	wnership	o of a sing	gle unit?					Υε [X]	_
indirect of secu dealer more to forth the	tly, any c urities in t registere nan five (se informa	ommission the offering d with the (5) personation for	on or sim ng. If a pe e SEC ai	ilar remu erson to nd/or with isted are er or dea	ineration be listed in a state of associat	for solicita s an asso or states,	ation of prociated per list the na	vill be paid urchasers erson or a ame of the n a broker	in conna gent of a broker o	ction with broker or r dealer. I	sales f	
Not Ap	plicable											
Busine	ss or Re	sidence /	Address	(Number	and Stre	et, City, S	tate, Zip	Code)				
Name	of Assoc	iated Bro	ker or De	ealer								
States	in Which	Person	Listed Ha	s Solicit	ed or Inte	nds to Sc	licit Purcl	nasers				
(Chec	k "All S	tates" or	r check i	ndividu	al 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]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ıme (Lasi	t name fi	rst, if indi	vidual)								··· ·
Busine	ss or Re	sidence /	Address (Number	and Stree	et, City, S	tate, Zip (Code)				
Name	of Associ	ated Bro	ker or De	ealer								
States	in Which	Person	Listed Ha	s Solicite	ed or Inte	nds to So	licit Purch	nasers				
(Check "All States" or check individual States)						[J All State	s				
[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]	[VV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

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.		
	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt	\$	\$
Equity(Series C Preferred Stock)	\$ <u>5,000,000.00</u>	\$ <u>51,002.25</u>
[] Common [] Preferred		
Convertible Securities	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$ <u>!i,000,000.00</u>	\$ <u>51,002.25</u>
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."		
		Aggregate
	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors		\$ <u>51,002.25</u>
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, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Dallas Assaurt
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		¢
Regulation A	-	.Ψ \$
Rule 504		\$ \$
Total		\$ \$
·		. ֆ
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	[1	\$
Printing and Engraving Costs		\$
Legal Fees		\$20,000.00
Accounting Fees		\$
Administrative, Postage, Secretary Fees	1 J	
Sales Commissions (specify finders' fees separately)*	• •	· · · · · · · · · · · · · · · · · · ·
Other Expenses (State Filing Fees)		\$ <u> </u>
Total		
i Viai	[^]	\$ <u>20,350.00</u>

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and 4,979,650.00

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

15520.38-531094 v1

total expenses furnished in response to Part C - Question 4.a. This difference is the "acjusted gross proceeds to the issuer."

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 Pari C - Question 4.b above.

	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$	\$
Purchase of real estate	\$	\$
Purchase, rental or leasing and installation of machinery and equipment	\$	\$
Construction or leasing of plant buildings and facilities	\$	\$
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)	\$.\$
Repayment of indebtedness	\$	\$
Working capital	\$	\$ <u>4,979,650.00</u>
Other (specify):	\$	\$
	\$	\$
Column Totals	\$	\$ <u>4,979,650.00</u>
Total Payments Listed (column totals added)	\$4.97	9.650.00

Payments to

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) Entegrion, Inc.	Signature , Date April 10, :2008	-
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Richard Martin	Chief Financial Officer	

ATTENTION

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

