### FORM D

Mail Processing Section

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

FORM D

MAY 19 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

_/ <i>J</i>	21114	7						
OMB APPROVAL								
Expires: . Estimated	l average	3235 May 31, burden	2008					
	SEC US	ONLY						
Prefix		. ;	Serial					
	<u> </u>							
DATE RECEIVED								
	1							

Name of Offering	( check if this is an a	mendment and name	has changed, and in	ndicate change.)		
Offering of member	ship interests of K2 Lor	ng Short Fund, LLC				
Filing Under (Check I	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ULOE
Type of Filing:	■ New Filing					
		A. BASI	CIDENTIFICAT	ION DATA		
1. Enter the inform	ation requested about the	issuer				
Name of Issuer	check if this is an an	nendment and name h	nas changed, and in	dicate change.		M IIII
K2 Long Short Fund	d, LLC				0805	0/03
Address of Executive	Offices		(Number and Stree	et, City, State, Zip Co	ode) Telephone Nu	mber (Including Area Code)
c/o K2 Advisors, L.l	C., 300 Atlantic Street,	12 <sup>th</sup> Floor, Stamford	, CT 06901			(203) 905-5358
Address of Principal	Offices		(Number and Street	t, City, State, Zip Co	de) Telephone Ni	ımber (Including Area Code)
(if different from Exec	cutive Offices)		PI	ROCESSER	)	
Brief Description of B	usiness: Private Inv	estment Company	V 1	MAY 272008		_
Type of Business Org	ganization					
0	☐ corporation	☐ limited p	partnership, alfeat	MSQN REUTEI	other (please sp	ecify)
	business trust		partnership, to be for		Limited liability com	
· · · · · · · · · · · · · · · · · · ·			Month	Year	·	
Actual or Estimated D	Date of Incorporation or O	rganization:	0 2	0		ual Estimated
Jurisdiction of Incorpo	oration or Organization: (	Enter two-letter U.S. F	Postal Service Abbre	viation for State;		···
		CI	N for Canada; FN fo	r other foreign jurisdi	iction) D	E

#### **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 IDENTIFICATION DATA 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): K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT 06901 Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual): Douglass III, William A. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT 06901 Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual): Saunders, David C. c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☐ Beneficial Owner ☐ General and/or Managing Partner ☐ Promoter □ Director Full Name (Last name first, if individual): Ferguson, John T. Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT 06901 ☐ Executive Officer Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual): Bunting Family Private Fund, LLC Business or Residence Address (Number and Street, City, State, Zip Code): 9690 Deereco Road, Suite 700, Timonium, MD 21093 Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner ☐ Director Full Name (Last name first, if individual): K2 Long Short ASW Fund, L.L.C. Class E Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12th Floor, Stamford, CT Check Box(es) that Apply: □ Promoter □ Director ☐ Beneficial Owner □ Executive Officer ☐ 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)

☐ Executive Officer

☐ Executive Officer

☐ Director

□ Director

☐ Beneficial Owner

☐ Beneficial Owner

☐ Promoter

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

□ Promoter

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual):

☐ General and/or Managing Partner

☐ General and/or Managing Partner

					В.	INFORM	MOITAN	ABOUT	OFFER	ING .			·
1.	Has the issue	er sold, or	does the is	ssuer inten			edited inve					☐ Yes	⊠ No
0	Markin den e	-l-l		Mark 201 La					_			¢1	000 000*
2.	What is the r	ninimum ir	ivestment	nat wiii be	accepted	trom any i	ngividual?			***************************************			,000,000* ived by the general partner
												,	Jones de la companyant
3.	Does the offe	ering permi	it j <mark>o</mark> int own	ership of a	ı single uni	it?				•••••		⊠ Ye:	s 🔲 No
	Enter the info any commiss offering. If a and/or with a associated p	ion or sim person to state or st	ilar remune be listed is tates, list th	eration for an associ ne name o	solicitation iated perso f the broke	of purcha on or agen or or dealer	sers in cor t of a brok r. If more t	nnection w er or deale than five (5	ith sales o er registere 5) persons	f securities d with the to be liste	s in the SEC d are		
Full N	lame (Last n	ame first, i	f individual	)									
Busir	ess or Resid	lence Addi	ess (Numb	per and Str	reet, City,	State, Zip	Code)	·- <u>-</u>					
Name	of Associat	ed Broker	or Dealer	<u>, .,, .</u>			<u> </u>		<del></del>		<u> </u>		
	s in Which P										·		
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		[A2]									☐ [MS]		
☐ [M				[נא]						-		[IVIO]   □ [PA]	
□ (P	. –	•											
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Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)			<del></del>	<del></del>		
Name	of Associate	ed Broker	or Dealer	<del></del> .	<del></del>	<del></del>	<del></del>						
	in Which Pe												☐ All States
, [A]		_			[CO]						[HI]	□ [ID]	<u>_</u> , o.ao
□ (IIL	]   [IN]	□ [iA]	□ [KS]	□ [KY]	☐ [LA]	[ME]	☐ [MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ (M	T] [NE]	[NV]	□ [NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	□ [OH]			□ [PA]	
<b>□</b> [R	ij 🔲 (SC)	☐ [SD]	□ [TN]	□ [XT]	[TU]		[VA]	□ [WA]	□ [WV]	[iw]		🔲 (PR)	
Full N	ame (Last na	ame first, if	individual	)				•					
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)				<del></del> -		
Name	of Associate	d Broker o	or Dealer										
	in Which Pe Check "All S					olicit Purch	nasers						☐ All States
□ [A	_] 🔲 [AK]	[AZ]	□ [AR]	☐ [CA]	□ [CO]	[CT]	□ [DE]	□ [DC]		☐ [GA]	☐ [HI]	[ID]	_
	[NI]	□ [IA]	□ [KS]	□ [KY]	□ [LA]	☐ [ME]	[MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [M	T] [NE]	□ [NV]		□ [NJ]	□ [NM]	□ (NY)			□ [OH]		□ [OR]	[PA]	
□ [RI	] 🔲 [SC]	☐ [SD]	□ [TN]	[XT]		[TV]	[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 Aiready Sold
	Debt	\$		\$	
	Equity	. <u>\$</u>		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	<u>\$</u>		\$	
	Partnership Interests	\$		\$	
	Other (Specify) Membership Interests	\$	900,000,000	\$	125,980,281
	Total	\$	900,000,000	s	125,980,281
	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		92	<u>s</u> _	125,980,281
	Non-accredited Investors		n/a	\$_	n/an/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		•	s	n/a
	Regulation A			<u> </u>	n/a
	Rule 504	-	n/a	\$	n/a
	Total		n/a	s	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.		100	<u>•</u>	1943
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs	•••••	🗖	\$	
	Legal Fees	• • • • • • • • • • • • • • • • • • • •	🛛	\$	62,270
	Accounting Fees	••••••	🛛	\$	5,000
	Engineering Fees		🗖	\$	
	Sales Commissions (specify finders' fees separately)	•••••	🗆	\$	
	Other Expenses (identify)		🗆	\$	
	Total		🛛	\$	67,270

4	b.Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C—Question 4.a. This difference is the gross proceeds to the issuer.*	e "adjusted			<u>\$</u>	<u>899,93</u>	2,984
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposused for each of the purposes shown. If the amount for any purpose is not known, furrestimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.	sed to be nish an I must equal					
	ore adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.	D. 400ve.	Of Dire	nents to ficers, ctors &			
			Aff	illates		O	hers
	Salaries and fees		\$	0		\$	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
	pursuant to a merger		\$	. 0_		\$	0
	Repayment of indebtedness		\$	0_		\$	0
	Working capital		\$	0_	$\boxtimes$	\$ 899	,932,98
	Other (specify):		\$	0_		\$	0
			\$	0		\$	0
	Column Totals		<u> </u>	0	⊠	\$ 899	.932.98
	Total payments Listed (column totals added)	_	<del></del>	<b>⋈</b> \$89		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	D. FEDERAL SIGNAT	URF					
cor	is issuer has duly caused this notice to be signed by the undersigned duly authorized penstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conthe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	erson. If this r	notice is filed on written re	under Rule 5 quest of its st	05, the aff, the i	following s information	ignature i furnished
	uer (Print or Type) Signature			Dat		2008	
	Long Short Fund, LLC		······································	, nay	15,	2000	
	me of Signer (Print or Type) Title of Signer (Print or Type) nn T. Ferguson Chief Operating Officer, K2	3	L.C., its Me	mber Manag	jer		
	ATTENTION						
_	Intentional misstatements or omissions of fact constitute federal	i criminal vic	olations. (Se	e 18 U.S.C. 1	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 Long Short Fund, LLC	( hl-)	May 15, 2008
Name of Signer (Print or Type)	Title of Signer (Frint or Type)	
John T. Ferguson	Chief Operating/Officer, K2 Advisors, L.L.C.,	its Member Manager
	$N = I \cdot III$	

#### 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.

				API	PENDIX				•
1	2		3			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)				
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK				<del>.</del>	_				
AZ		Х	\$900,000,000	3	\$2,750,000	0	\$0		х
AR							_		
CA		Х	\$900,000,000	9	\$5,000,000	0	\$0		Х
co		Х	\$900,000,000	6	\$17,250,000	0	\$0		Х
СТ		Х	\$900,000,000	10	\$3,690,572	0	\$0		х
DE		Х	\$900,000,000	2	\$2,000,000	0	\$0		х
DC									
FL		X	\$900,000,000	4	\$2,300,000	0	\$0		Х
GA		X	\$900,000,000	4	\$2,000,000	0	\$0		X
н									
ID					····				
IL		Х	\$900,000,000	1	\$1,000,000	0	\$0		х
IN		Х	\$900,000,000	1	\$2,000,000	0	\$0		X
IA									
KS					<del></del>				
кү		х	\$900,000,000	1	\$6,452,991	0	\$0		х
LA			·			0			
ME		Х	\$900,000,000	1	\$500,000	0	\$0		х
MD	- "							<u> </u>	
MA		X	\$900,000,000	1	\$25,000,000	0	\$0		x
MI		х	\$900,000,000	5	\$3,500,000	0	\$0		х
MN									
MS									
МО									
МТ									
NE									
NV									
NH					·				
NJ		х	\$900,000,000	7	\$5,000,000	0	\$0		х
NM									

			,	. AP	PENDIX					
1	2	2	3	<u></u>		4		5	<u> </u>	
	Intend to non-ad investors (Part B -	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	
NY		Х	\$900,000,000	16	\$15,138,678	0	\$0		х	
NC		Х	\$900,000,000	1	\$15,748,100	0	\$0		х	
ND										
ОН										
ок		Х	\$900,000,000	1	\$1,000,000	0	\$0		х	
OR										
PA		Х	\$900,000,000	6	\$6,900,000	0	\$0		х	
Ri										
sc										
SD	_	Х	\$900,000,000	1	\$750,000	0	\$0		x	
TN										
тх		Х	\$900,000,000	9	\$5,750,000	0	\$0		х	
UT										
VT										
VA		X	\$900,000,000	3	\$2,250,000	0	\$0		х	
WA										
wv										
WI										
WY										
Non										

# END