FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMPRISO ESSED

Washington, D.C. 20549

JUN 182008

OMB APPROVAL OMB Number:

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Average burden
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: GREENLIGHT CAPITA	l Offshore, Lt	<b>D</b> Offering of S	hare Interests	•					
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section 4(6)	☐ ULOE				
Type of Filing:	New Filing	☐ Amendment			2011.0				
	A. B.	ASIC IDENTIFICAT	TION DATA	91	EC Mail Processing				
1. Enter the information requested about the iss	uer				Section				
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)									
GREENLIGHT CAPITAL OFFSHORE, LTD.					JUN 1.82008				
Address of Executive Offices	Telephone Number (In	cluding Area Code)							
c/o Greenlight Capital, Inc., 140 East 45th Street	(212) 973-1900	vvasnington, DC							
Address of Principal Business Operations	(Number	and Street, City, State	e, Zip Code)	Telephone Number (Including Add Code)					
Citco BVI Limited, Citco Building, Wickhams	Cay I, Road Town, T	ortola, British Virgin	Islands						
Brief Description of Business: To operate as	a British Virgin	Islands Business	Company.						
Type of Business Organization									
☐ corporation	☐ limited partners	ship, already formed	X (	other (please specify): Br	itish Virgin Islands Corporation				
business trust	☐ limited partner	ship, to be formed							
		Month	Yea	r					
Actual or Estimated Date of Incorporation or Or	ganization:	0 9	9	6 🗷 Actual	☐ Estimated				
Jurisdiction of Incorporation: (Enter two-letter	U.S. Postal Service A	hbreviation for State:							
• •	; FN for other foreign			Γ_	T.,				
		-		L F	N				

### GENERAL INSTRUCTIONS

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.

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(s) that Apply:   Bromoter Beneficial Owner   Beneficial Owner   W Investment Manager Director   General and/or Managing Partner  Full Name (Last name first, if individual)  GREENLIGHT CAPITAL, INC. (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter Beneficial Owner   President of the IM   Director General and/or Managing Partner  Full Name (Last name first, if individual)  EINHORN, DAVID  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter Beneficial Owner Executive Officer   Director General and/or Managing Partner  Full Name (Last name first, if individual)  HIRSCH, DOUGLAS  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter Beneficial Owner Executive Officer   Director General and/or Managing Partner  Full Name (Last name first, if individual)  Fired, MARY ANN  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter Beneficial Owner Beneficial Owner Director General and/or Managing Partner  Full Name (Last name f			A. BASIC IDENT	IFICATION DATA			
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;	2. Enter the information	n requested for the fol					
Each executive officer and director of corporate issuers and of corporate general and managing partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply:	<ul> <li>Each promoter of the</li> </ul>	e issuer, if the issuer h	as been organized within the	past five years;			
Each general and managing partner of partnership issuers.   Check Box(es) that Apply:		- ·		<del>-</del>			urities of the issuer;
Check Box(es) that Apply:		=	•	general and managing partners of	of partnership issue	ers; and	
Full Name (Last name first, if individual)  GREENLIGHT CAPITAL, INC. (the "Investment Manager" or the "IM")  Business or Residence Address (Number and Street, City, State, Zip Code)  140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:					☐ Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:	Full Name (Last name first, if in	ndividual)					ivianaging rainei
140 East 45th Street, 24th Floor, New York, New York, New York   10017   September   Promoter   Beneficial Owner   President of the IM   Director   General and/or Managing Partner	GREENLIGHT CAPITAL, IN	C. (the "Investment M	lanager" or the "IM")				
Check Box(es) that Apply: Promoter Beneficial Owner Service Promoter Promoter Promoter Service	Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Full Name (Last name first, if individual)  EINHORN, DAVID  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45 <sup>th</sup> Street, 24 <sup>th</sup> Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  HIRSCH, DOUGLAS  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45 <sup>th</sup> Street, 24 <sup>th</sup> Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  TIGHE, MARY ANN  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45 <sup>th</sup> Street, 24 <sup>th</sup> Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  TIGHE, MARY ANN  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45 <sup>th</sup> Street, 24 <sup>th</sup> Floor, New York, New York 10017  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner	140 East 45th Street, 24th Floor,	New York, New York	c 10017				
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Subject Subj	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ President of the IM	☑ Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:	Full Name (Last name first, if in	ndividual)					
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:	EINHORN, DAVID						
Check Box(es) that Apply:		(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	c/o Greenlight Canital Inc. 140	Fast 45th Street 24th	Floor New York New York	10017			
Full Name (Last name first, if individual)  HIRSCH, DOUGLAS  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:					☑ Director		
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45 <sup>th</sup> Street, 24 <sup>th</sup> Floor, New York, New York 10017  Check Box(es) that Apply:	Full Name (Last name first, if ir	ndividual)					<del></del>
C/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner  Full Name (Last name first, if individual)  TIGHE, MARY ANN  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner							
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner  Full Name (Last name first, if individual)  TIGHE, MARY ANN  Business or Residence Address  (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner	Business or Residence Address	(Number and Street.	, City, State, Zip Code)				
Full Name (Last name first, if individual)  TIGHE, MARY ANN  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply: Promoter D Beneficial Owner Executive Officer D Director Managing Partner	c/o Greenlight Capital, Inc., 140	East 45th Street, 24th	Floor, New York, New York	10017			
TIGHE, MARY ANN  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:			☐ Beneficial Owner	☐ Executive Officer	☑ Director		•
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Greenlight Capital, Inc., 140 East 45 <sup>th</sup> Street, 24 <sup>th</sup> Floor, New York, New York 10017  Check Box(cs) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Partner	Full Name (Last name first, if ir	ndividual)					
c/o Greenlight Capital, Inc., 140 East 45th Street, 24th Floor, New York, New York 10017  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Partner	TIGHE, MARY ANN						
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Partner	Business or Residence Address	(Number and Street.	, City, State, Zip Code)				
Managing Partner	c/o Greenlight Capital, Inc., 140	East 45th Street, 24th	Floor, New York, New York	10017			
Full Name (Last name first, if individual)	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		
	Full Name (Last name first, if ir	ndividual)					
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	(Number and Street.	, City, State, Zip Code)				
Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		
Full Name (Last name first, if individual)	Full Name (Last name first, if ir	ndividual)					
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	(Number and Street,	, City, State, Zip Code)				
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Partner	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		
Full Name (Last name first, if individual)	Full Name (Last name first, if in	ndividual)					
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	(Number and Street,	, City, State, Zip Code)				

					В. І	NFORM	ATION A	BOUT O	FFERINC	3		•		
	1141					**							Yes	No ⊠
١.	Has the issuer	sold, or do	oes the issu	er intend to					-		***************************************	••••••		Ŋ
2.	What is the m	inimum in	vestment th	at will be a				umn 2, if fi	_				\$1,000	,000_*
						<b>-</b>							Yes	No
*(/	iny lesser an	ount is a	at the sole	discretie	on of the	Investme	nt Manag	ger.)						
3.	Does the offer	ring pennit	joint owne	rship of a s	ingle unit?.						***************************************		X	
4.	Enter the info solicitation of registered with a broker or de	f purchaser h the SEC	s in connect and/or with	ction with s a state or s	sales of sec states, list th	urities in t he name of	he offering the broker	. If a perso or dealer. I	on to be lis	ted is an a	ssociated p	erson or ag	ent of a brol	ker or dealer
Full	Name (Last na	me first, if	individual)											
NO	NE													
Bus	iness or Resider	nce Addres	s (Number	and Street,	City, State.	Zip Code)								
Nar	ne of Associated	i Broker or	Dealer											
Stat	es in Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s							
	(Check "All S	tates" or cl	heck individ	dual States)	·									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] [RI]	[NE] [SC]	[NV] [SD]	[HN] [TN]	[NJ] [TX]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK] [W!]	[OR] [WY]	[PA] [PR]	
Full	Name (Last na		individual)	• •				<del></del>	bd			<u> </u>		
Bus	iness or Resider	nce Addres	s (Numbe	r and Strec	t, City, Stat	e, Zip Cod	e)							
Nar	ne of Associated	i Broker or	Dealer											
Stat	es in Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S							
	(Check "All S												🗖 All :	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	J.4.43
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	(NE)	[NV] [SD]	[NH] [TN]	[LN] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full	Name (Last na	-		<del></del>				1						
Bus	iness or Resider	nce Addres	s (Numbe	r and Stree	t, City, Stat	e, Zip Code	e)							
Nar	ne of Associated	i Broker or	Dealer											
Stat	es in Which Per	son Listed	Has Solicit	ed or Inten	đs to Solici	t Purchaser	s				<u>.                                    </u>			
	(Check "All S	tates" or cl	heck individ	lual States)									🗖 All :	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL) [MT]	[IN] [NE]	(IA) [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	(MD) [NC]	[MA] [ND]	(MI) [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	(RII	[SC]	[0]	ITNI	נייון רצדו	[HT]	[VT]	[VA]	(WA)	rwvi	(MI)	(WY)	[PR]	

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

Type of Security	Aggregate Offering Price (1)	Amount Alread Sold (2)
Debt	\$	Sold (2)
Equity		\$ \$
• •	\$	3
☐ Common ☐ Preferred		•
Convertible Securities (including warrants)	3	3
Partnership Interests	\$ <u>4,000,000,000</u>	\$ <u>341,503,079</u>
Other (specify)	s	\$
Total	\$ <u>4,000,000,000</u>	\$341,503,079
Answer also in Appendix, Column 3, if filing under ULOE.		
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 Amoun
	investors (2)	of Purchases (2
Accredited Investors		\$341,503,079
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by	0 N/A	\$0 \$N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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	N/A  Type of Security	\$ N/A  Dollar Amoun
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505	N/A  Type of Security N/A	\$ N/A  Dollar Amoun Sold \$ N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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	N/A  Type of Security	\$ N/A  Dollar Amoun
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A.	N/A  Type of Security N/A N/A	S N/A  Dollar Amoun Sold S N/A S N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A	N/A  Type of Security  N/A  N/A  N/A	Dollar Amoun Sold N/A N/A N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A  Rule 504  Total  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	Type of Security N/A N/A N/A N/A N/A	S N/A  Dollar Amoun Sold N/A N/A N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A  Rule 504  Total  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.	Type of Security N/A N/A N/A N/A N/A	Dollar Amoun Sold N/A N/A N/A N/A N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A.  Rule 504  Total  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	Type of Security N/A N/A N/A N/A N/A  N/A	Dollar Amour Sold \$ N/A \$ N/A \$ N/A \$ N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A  Rule 504  Total  Total  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	Type of Security N/A N/A N/A N/A X/A X/A X/A	Dollar Amour Sold S_N/A S_N/A S_N/A S_N/A
Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A.  Rule 504  Total	Type of Security N/A N/A N/A N/A N/A  X  X	\$ N/A Dollar Amour Sold \$ N/A
Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A.  Rule 504  Total  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  Accounting Fees	Type of Security N/A N/A N/A N/A  N/A  X  X	\$ N/A  Dollar Amour Sold  N/A  N/A  N/A  N/A  N/A  S N/A  S N/A  S N/A
Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  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  Rule 505  Regulation A.  Rule 504  Total  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  Accounting Fees  Engineering Fees	Type of Security N/A N/A N/A N/A  X  X  X	\$ N/A  Dollar Amour Sold  N/A  N/A  N/A  N/A  N/A  N/A  S N/A  S N/A  S N/A  S N-O-  S 50,000  S 5,000  S -O-

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

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	<u> </u>
	total expenses furnished in response to Part C -	e offering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross proceeds	\$ <u>3,999</u>	.940,000
<b>S</b> .	the purposes shown. If the amount for any purp	proceeds to the issuer used or proposed to be used for each of ose is not known, furnish an estimate and check the box to the listed must equal the adjusted gross proceeds to the issuer set		
			Payments to Officers, Directors, and Affiliates	Payments to Others
	Salaries and fees		× \$_(4)	<b></b>
	Purchases of real estate		□ \$	<b></b>
	Purchase, rental or leasing and installation of ma	chinery and equipment	<b></b> \$	<b></b>
	Construction or leasing of plant buildings and fa	cilities	<b>S</b>	<b></b>
	Acquisition of other businesses (including the variable used in exchange for the assets or securit	alue of securities involved in this offering that ties of another issuer pursuant to a merger)	<b>-</b> \$	□ \$
	Repayment of indebtedness		<b>\$</b>	<b></b>
	Working capital		<b>-</b> \$	<b></b>
	Other (specify): Portfolio Investments		<b>S</b>	<b>■</b> \$3,999,940,000
	Column Totals			<b>区</b> \$3,999,940,000
	Total Payments Listed (column totals added)		<b>⊠\$</b> _3,	<u>,999,940,000</u>
		D. FEDERAL SIGNATURE		
ın u		the undersigned duly authorized person. If this notice is filed ur urities and Exchange Commission, upon written request of its st of Rule 502.		
	er (Print or Type) EENLIGHT CAPITAL OFFSHORE, LTD.	Signature	Date 6 4	08
GR	e of Signer (Print or Type) EENLIGHT CAPITAL, INC., INVESTMENT MANAGER	Title of Signer (Print or Type)		
BY:	HARRY BRANDLER, CHIEF FINANCIAL OFFICER	CHIEF FINANCIAL OFFICER OF GREENLIGHT CAPITA THE INVESTMENT MANAGER OF THE ISSUER	AL, INC.,	

(4) The Investment Manager is entitled to receive a management fee along with performance allocation. The management fee and the performance allocation are discussed in greater detail in the Issuer's confidential offering materials.

**ATTENTION** 

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

		E. STATE SIGNATURE		
			Yes	No
1. Is any party described i	n 17 CFR 230.262 prese	ntly subject to any of the disqualification provisions of such rule?		
		See Appendix, Column 5, for state response. NOT APPLICABLE		
2. The undersigned issuer such times as required	•	rnish to any state administrator of any state in which this notice is filed, a notice on Form	D (17 CFR	239.500) a
3. The undersigned issuer	hereby undertakes to fur	nish to the state administrators, upon written request, information furnished by the issuer	to offerees.	
	which this notice is file	er is familiar with the conditions that must be satisfied to be entitled to the Uniform limed and understands that the issuer claiming the availability of this exemption has the buaPPLICABLE		
The issuer has read this notif person.	ication and knows the co	ontents to be true and has duly caused this notice to be signed on its behalf by the undersign	gned duly au	thorized
Issuer (Print or Type)		Signature Date	1 -	
GREENLIGHT CAPITAL	OFFSHORE, LTD.	While 614	108	
Name (Print or Type)		Title (Print or Type)	•	
GREENLIGHT CAPITAL,	•			
THE INVESTMENT MAN	AGER			
By: Harry Brandlei	<b>L.</b>	CHIEF FINANCIAL OFFICER OF GREENLIGHT CAPITAL, INC.,		
CHIEF FINANCIAL	•	THE INVESTMENT MANAGER OF THE ISSUER		

## Instruction:

CHIEF FINANCIAL OFFICER

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.

				APF	PENDIX				
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	\$4,000,000,000 in Share Interests	Number of Accredited Investors	Amount	C-ltem 2)  Number of Non-Accredited Investors	Amount	Yes	No
AL		x	See Above	ı	\$1,500,000	N/A	N/A	N/A	N/A
AK									_
ΑZ									
AR									
CA		x	See Above	8	\$13,455,710	N/A	N/A	N/A	N/A
co		X	See Above	4	\$2,929,371	N/A	N/A	N/A	N/A
СT		X	See Above	4	\$9,242,781	N/A	N/A	N/A	N/A
DE									
DC		X	See Above	1	\$700,000	N/A	N/A	N/A	N/A
FL		X	See Above	3	<b>\$9,489,163</b>	N/A	N/A	N/A	N/A
GA		<u> </u>				1			
ні									
ΙD									
IL_		X	See Above	5	\$16,065,150	N/A	N/A	N/A	N/A
IN									
IA		ļ		<b>-</b>		1			
KS	<u>.                                  </u>								
KY				<del>                                     </del>					
LA			-	<u></u>				<del>* -</del>	
ME		!							
MD		-						i	
MA									
MI						<u> </u>			ļ. <u></u>
MN		X	See Above	1	\$400,000	N/A	N/A	N/A	N/A
MS		X	See Above	3	\$607,898	N/A	N/A	N/A	N/A
МО		X	See Above	1	\$750,000	N/A	N/A	N/A	N/A
MT									
NE									
NV									
NH									

				API	PENDIX	<del></del>			
ſ	Type of security Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1)  (Part C-Item 2)			5 Disqualificatio under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1					
State	Yes No		\$4,000,000,000 in Share Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NJ		x	See Above	4	\$1,878,133	N/A	N/A	N/A	N/A
NM									
NY		x	See Above	77	\$216,413,285	N/A	N/A	N/A	N/A
NC		x	See Above	2	\$37,799,042	N/A	N/A	N/A	N/A
ND									
он									
ок									
OR									
PA		x	See Above	3	\$13,052,495	N/A	N/A	N/A	N/A
RI									
SC							<u> </u>		
SD									
TN		x	See Above	2	\$2,749,902	N/A	N/A	N/A	N/A
TX		х	See Above	1	\$1,436,377	N/A	N/A	N/A	N/A
UT		X	See Above	1	\$940,000	N/A	N/A	N/A	N/A
VT			_						
VA		X	See Above	1	\$3,000,000	N/A	N/A	N/A	N/A
WA		X	See Above	1	\$2,000,000	N/A	N/A	N/A	N/A
wv									
WI		X	See Above	6	\$7,093,773	N/A	N/A	N/A	N/A
WY									
PR	-								

