## FORM D

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 SEC Mail Process no OMB Number:

Section

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OMB APPROVAL

# FORM D



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

SE	SEC USE ONLY								
Prefix	Prefix								
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D/	TE RECEIV	ED							

Name of Offering( check if this is an amendment and name has changed, and indicate change.)  Common Stock Warrants	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☑ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Bridgepoint Education, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 13500 Evening Creek Drive, Suite 600, San Diego, CA 92128	Telephone Number (Including Area Code) 858.513.9240
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Educational Services	PROCESSED
Type of Business Organization    Corporation   Imited partnership, already formed   other (p   business trust   limited partnership, to be formed	lease specify): AUG 2 2 2008 THOMSON REUTERS
Month Year  Actual or Estimated Date of Incorporation or Organization: 05 99 Mactual Estim  Burisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	IHOIVISON REGISTRA

#### **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.

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 predictated 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.

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· ·		A. BASIC IDI	ENTIFICATION DATA			
2. Enter the information	requested for the	following:				
<ul> <li>Each promoter of</li> </ul>	f the issuer, if the i	ssuer has been organized v	within the past five years;			
<ul> <li>Each beneficial or</li> </ul>	wner having the pov	ver to vote or dispose, or dir	ect the vote or disposition of	of, 10% or more of	fa clas	s of equity securities of the issuer.
<ul> <li>Each executive o</li> </ul>	fficer and director	of corporate issuers and of	corporate general and ma	naging partners o	f partn	ership issuers; and
<ul> <li>Each general and</li> </ul>	l managing partne	r of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Clark, Andrew S.	if individual)			<del> </del>		
Business or Residence Add c/o Bridgepoint Education				A 92128		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first Isbister, Steven R.	, if individual)					<del></del>
Business or Residence Add c/o Bridgepoint Education				A 92128		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Devine, Daniel	if individual)					
Business or Residence Add c/o Bridgepoint Education	•	• • • • • • • • • • • • • • • • • • • •	•	A 92128		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Sarma, Adarsh	if individual)					
Business or Residence Add c/o Bridgepoint Education				A 92128		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, Hartman, Robert	if individual)					
Business or Residence Adda c/o Bridgepoint Education				A 92128	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Hackett, Pat	if individual)				•	
Business or Residence Addr c/o Bridgepoint Educatio				92128		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Craig, Ryan	if individual)					
Business or Residence Addr c/o Bridgepoint Educatio				92128		

	·		A. BASIC ID	ENTIFICATION DATA			Mark Wallack
2.	Enter the information	requested for the	following:				
	• Each promoter of	the issuer, if the is	ssuer has been organized	within the past five years;			
	Each beneficial ov	mer having the pow	ver to vote or dispose, or di	rect the vote or disposition o	f, 10% or more of	a class of equity	securities of the issuer.
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>			iers; and				
	<ul> <li>Each general and</li> </ul>	managing partner	r of partnership issuers.	-		•	
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
		•					
					A 92128		
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full 1	Name (Last name first,	if individual)					
Busir	ness or Residence Addr	ress (Number and	Street, City, State, Zip C	ode)		<del></del>	
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full 1	Name (Last name first,	if individual)					
Busin	ness or Residence Addr	ress (Number and	Street, City, State, Zip Co	ode)			
Checl	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full 1	Name (Last name first,	if individual)					
Busin	ess or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			<del></del>
Checl	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Full N	Name (Last name first,	if individual)			<del>-</del>		
Busin	ess or Residence Addr	ess (Number and S	Street, City, State, Zip Co	ode)	, _ ,		
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General a Managin	and/or ng Partner
Fuil N	lame (Last name first,	if individual)		. = -			<del>-</del>
Busin	ess or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General a Managin	nd/or g Pariner
Full N	lame (Last name first, i	f individual)					
Busin	ess or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)			
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			7	В.	INFORMA	TION ABO	UT OFFE	RING 🕶 🤜	عشرسال عالم	أيستم فسأشح		لمدرانها بسيديد
1. I	Jac the iccue	er sold or doe	s the issuer in	stend to call	to non-acc	redited inve	store in this	offering?	<del></del>		Yes	No
1. 1	ias the issue	., 301a, 01 <b>a</b> 0¢				lumn 2, if fil		-	*****************	***************************************		<b>4</b> 23
2. \	What is the n	ninimum inve	stment that w	•	•		_				\$ N/A	
						· • · · · · · · · · · · · · · · · · · ·					Yes	No
			oint ownershi								. 🗆	$\boxtimes$
			uested for ea uneration for									
1	f a person to	be listed is a	n associated p	erson or ag	ent of a bro	ker or deale	r registered	with the SE	EC and/or wi	ith a state		
			y set forth the					d are assoc	nated person	is or such		
Full N	lame (Last n	ame first, if in	ndividual)		N/A							
Busin	ess or Reside	ence Address	(Number and	Street, City		Code)					<del></del>	
Name	of Associate	d Broker or I	Dealer	·		· · · · ·		_		<u>,                                      </u>		
States	in Which Pe	erson Listed F	las Solicited	or Intends to	Solicit Pu	rchasers						
Biates			heck individu								n	All States
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Full N	ame (Last no	ume first, if in	aividuai)									
Busine	ss or Reside	nce Address	(Number and	Street, City	, State, Zip	Code)			•			
Name	of Associate	d Broker or I	Dealer									
States	in Which Pe	rson Listed H	las Solicited o	r Intends to	Solicit Pur	chasers			·			
	(Check "Al	States" or ch	eck individue	al States)				•••••			🗆 A	All States
ΑL	AK	ΑZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
IL	73	ĪA	KS	KY	LA	ME	MD	MA	MI	MN]	MS	MO
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Full N	ame (Last na	me first, if in	dividual)	_		·—·					_	_
Busine	ss or Reside	nce Address (	Number and	Street, City,	State, Zip	Code)			<del></del>		·	
Nome	of Associate	d Broker or D	· · · · · · · · · · · · · · · · · · ·				<del></del>				<del></del>	
Name (												
			as Solicited o eck individua		Solicit Pur	chasers				• • • • • • • •	ГТа	Il States
AL		ΑZ	AR	CA	co	CT	DE	DC	FL	GA	HI	[D]
IL		<u> </u>	KS	KY	LA	ME	MD	MA	MI	MN	MS	мо
мт	: =	₩.	MH	נא	NM	VY	NC.	ND	ОН	рк	OR	PA
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(Use blank sheet,	or copy and u	use additional co	pies of this sheet	, as necessary.)
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## 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 the 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.	<b>A</b>	AAlaada
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$		\$
	Equity\$	•	\$
	Common Preferred		
	Convertible Securities (including warrants) Warrants	1,340,073	\$1,340,073
	Partnership Interests\$		\$
	Other (Specify)\$		\$
	Total\$		
	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	Aggregate Dollar Amount
		investors	of Purchases
	Accredited Investors	14	s 1,340,073
	Non-accredited Investors	_	s <u>-0-</u>
	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, 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	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
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 insurer. 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		s
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$0-

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	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USI	E OF PROCEEDS		
	and total expenses furnished in response to Par	te offering price given in response to Part C — Quest rt C — Question 4.a. This difference is the "adjusted	gross	ę	1,340,073
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be us for any purpose is not known, furnish an estimat total of the payments listed must equal the adjusted	ed for te and	¥	1,5 10,015
			Payments to Officers, Directors, & Affiliates	•	ments to Others
	Salaries and fees		🗌 \$	_ 🗆 \$_	
	Purchase of real estate		🗌 \$	_ 🗆 \$_	
	Purchase, rental or leasing and installation and equipment	of machinery	🗆 \$	_ 🗆 <b>\$</b> _	
	Construction or leasing of plant buildings a	and facilities	🗆 s	_ 🗆 s_	
	Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)			_ 🗆 s _ _ 🗆 s _	
	<u> </u>			_	1,340,073
			<del></del>		
	Column Totals		🗆 <b>s</b>	_	1,340,073
	Total Payments Listed (column totals added	d)	🛛 <b>\$</b> _		1,340,073
		D. FEDERAL SIGNATURE			
sig	nature constitutes an undertaking by the issue	d by the undersigned duly authorized person. If this r to furnish to the U.S. Securities and Exchange Con-accredited investor pursuant to paragraph (b)(2)	ommission, upon writte	ule 505, ti en requesi	he following t of its staff,
Iss	uer (Print or Type)	Signature	Date		<del>-</del>
Вг	dgepoint Education, Inc.	Steven R. Debuiter	August 11, 20	008	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	·		
Ste	ven R. Isbister	Secretary			

- ATTENTION -

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

# I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?

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.
- 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
Bridgepoint Education, Inc.	Steven 12. Islander	August 1(_, 2008_
Name (Print or Type)	Title (Print or Type)	
Steven R. Isbister	Secretary	

#### 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.

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				ĄP	PENDIX						
1	to non- investo	d to sell accredited rs in State B-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)				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		
AL		х	Common Stock Warrant (\$750)	1	\$750	-0-	-\$0-		х		
AK											
AZ		х	Common Stock Warrant (\$62,500)	1	\$62,500	-0-	-\$0-		х		
AR								_			
CA		х	Common Stock Warrants (\$25,750)	4	\$25,750	-0-	-\$0-		Х		
со											
СТ									i		
DE											
DC		<u></u>			·-· - · ·						
FL											
GA								_			
HI											
ID							<u> </u>				
IL		х	Common Stock Warrant (\$12,500)	1	\$12,500	-0-	-\$0-		Х		
IN							·				
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KS											
KY	- <del></del> -							·			
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MA	<u>-</u>										
MI											
MN											

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#### **APPENDIX** 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell (if yes, attach and aggregate to non-accredited offering price explanation of Type of investor and waiver granted) investors in State offered in state amount purchased in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non- Accredited **Investors** Amount Investors Amount Yes No State Yes No MO MT NE NVNH NJ NM Common Stock -0--\$0-Х NY Х 5 \$795,073 Warrants (\$795,073) NC ND ОН OK OR PA RI SC SD TN TX UT VT VACommon Stock \$443,500 -0--\$0-Х WA Х 2 Warrants (\$443,500)

WV

	· ·	,		API	PENDIX			11 Fr 12	
Intend to sell and aggr to non-accredited offering investors in State offered in			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)			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
WY						{			
PR									

