FORM D	н	UNITED STATES	OMB APPROVAL
2 B		SECURITIES AND EXCHANGE COMMISSION	OMB Number: 3235-0076
		Washington, D.C. 20549	Expires: March 15, 2009
	<b>9</b>	13328	<b>38</b> Estimated average burden Hours per response: 16.00
	Mail Processing	12260	
	Section	TEMPORARY	SEC USE ONLY
	MAR	FORM D	Prefix Serial
	MAR	NOTICE OF SALE OF SECURITIES	
	DO no	PURSUANT TO REGULATION D,	DATE RECEIVED
	Washington, DC	SECTION 4(6), AND/OR	
·	100	UNIFORM LIMITED OFFERING EXEMPTION	
Name of Off	ering (  check if this	is an amendment and name has changed, and indicate chan	nge.)
Wexford O	ffshore Catalyst Fund I		
Filing Under	(Check box(es) that app	oly): 🗌 Rule 504 🔲 Rule 505 🖾 Rule 506 🔲 Sec	tion 4(6) ULOE <b>PROCESSED</b>
Type of Filin	ng: 🔲 New Filing	Amendment	
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1 Enter the	information requested ab		
		n amendment and name has changed, and indicate change.)	THOMSON REUTERS
	ffshore Catalyst Fund I		)
		er and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
		Vest Putnam Avenue, Greenwich, CT 06830	203-862-7000
		ions (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different f	from Executive Offices)		
Brief Descrip	otion of Business To	operate as a private investment exempt company.	
Type of Busi	ness Organization		
	poration	☐ limited partnership, already formed ⊠ other (plea	ase specify): a Cayman Island exempted company
			ase specify). a Cayman Island exempted company
	iness trust	limited partnership, to be formed	
		Month Year ation or Organization: <u>11</u> 04	🛛 Actual 🔲 Estimated
Actual or Est	timated Date of Incorpora		
	-		
	-	nization (Enter two-letter U.S. Postal Service abbreviation f	for State:
Jurisdiction o	of Incorporation or Organ	ization (Enter two-letter U.S. Postal Service abbreviation f CN for Canada; FN for other foreign jurisdiction)	for State:FN
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A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
o 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;									
o Each executive officer and director of corporate issuers and of corporate general an	d managing partners of partnership issuers; and								
o Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	icer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Davidson, Charles E.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wexford Capital LLC, 411 West Putnam Avenue, Greenwich, CT 06830									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	icer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Holtz, Robert H.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wexford Capital LLC, 411 West Putnam Avenue, Greenwich, CT 06830									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	icer 🛛 Director 🔲 General and/or Managing Partner								
Full Name (Last name first, if individual) Maymudes, Jay L.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wexford Capital LLC, 411 West Putnam Avenue, Greenwich, CT 06830									
Check Box(es) that Apply:	icer 🛛 Director 🗌 General and/or Managing Partner								
Full Name (Last name first, if individual) Michaelson, Robert T.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wexford Capital LLC, 411 West Putnam Avenue, Greenwich, CT 06830									

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

					В.	INFORMA	TION ABO	OUT OFFE	RING				
1.	А	nswer also	l, or does tl o in Append	lix, Columi	n 2, if filing	g under UL	OE.					No Ø	
2.	What is *Subjec	the minim t to the dis	um investr scretion of t	hent that with the Board c	ill be accep of Directors	ted from and to accept l	ny individu .esser amou	al ints (provid	ed such lov	wer amount		000,000* er than \$50 s No	,000).
3. 4.	Enter the remuner	to be liste	solicitation or dealer re	ed for each of purchase gistered wi	person whers in connection the second	to has been ection with and/or with	or will be sales of se h a state or	paid or give curities in t states, list	en, directly he offering the name of	or indirect . If a perso f the broker	Iy, any con n to be list or dealer.	mission or	ociated person or an five (5)
Full Nar	me (Last	name first	, if individu	ial)									
Busines	s or Resi	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	f Associa	ated Broke	r or Dealer										
			ted Has Sol			olicit Purch	asers					🗌 All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nat	me (Last	name first	, if individ	ual)									
Busines	s or Resi	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	f Associa	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers						States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last	name first	, if individ	ıal)									
Busines	s or Resi	idence Add	iress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	f Associa	ated Broke	r or Dealer				<i>un</i>						
			ted Has Sol or check in			olicit Purch	asers						States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [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 Already Sold
<b>91</b>		\$0	\$0
Equity		\$500,000,000	\$140,593,498
	[ x ] Common [ ] Preferred		
Convertible Securities (inc	cluding warrants)	<u>\$0</u>	\$0
Partnership Interests		\$0	\$0
Other (Specify	)	\$0	\$0
Total	Appendix Column 3 if filing under LILOF	\$500,000,000	\$140,593,498

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	32	\$140,593,498
Non-accredited Investors	0	\$0
Total (for filing 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 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	[X]	\$*
Legal Fees	[X]	\$*
Accounting Fees	[X]	\$*
Engineering Fees	[ ]	\$0
Sales Commissions (specify finders' fees separately)	[ ]	\$0
Other Expenses (identify)	[X]	<u>\$*</u>
Total	[X]	\$150,000*/
*All offering and organizational expenses are estimated not to exceed \$150,000.		

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C	OFFEDING DDICE	NUMBER	OF INVESTORS	EXPENSES AN	D USE OF PROCEEDS
U.	OFFERING PRICE,	NUMBER	OF INVESTORS	, EAFENSES AN	D USE OF TROCLEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$499,850,000

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 Part
	C - Ouestion 4 b above.

			Payments to 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	[	]	\$	[	]	\$
Other (specify): Investment in Wexford Catalyst Investors LLC and	[ X	]	\$499,850,000	[	]	\$
Wexford Catalyst Trading Limited						
Column Totals	[ X	]	\$499,850,000	[	]	\$
Total Payments Listed (column totals added)			[X]	\$499	,850,	000

## 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) Wexford Offshore Catalyst Fund Limited	Signature J J	Date 315/09
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Arthur H. Amron	Vice President and Assistant Secretary	

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

E. STATE SIGNATURE	Shi yarat
Yes 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	No

See Appendix, Column 5, for state response. Not applicable

- 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. Not applicable
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
- 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. Not applicable

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) Wexford Offshore Catalyst Fund Limited	Signature	Date 315 09
Name (Print or Type)	Title (Print or Type)	
Arthur H. Amron	Vice President and Assistant 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.

	a si ang			APPE					
4			WEXFORD OF	FSHORE CA	ATALYST FI 4	UND LIMIT	ED		5
1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of in	5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Common Shares Par Value U.S. \$0.001 Per Share \$500,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AK									
AL									
AR									
AZ		X	Х	1	\$2,000,000	0	0		
CA		X	X	1	\$400,000	0	0		
СО									
СТ		X	Х	7	\$4,096,975	0	0		
DC									
DE									
FL									
GA									
HI									
IA									
ID									
IL									
IN									
KS									
KY									
LA									
MA		x	X	1	\$440,000	0	0		
MD									
ME									
MI									
MN		X	X	1	\$1,000,000	0	0		
МО									
MS									
MT									
NC									
ND									

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5			WEXFORD OF	FSHORE C.	ATALYST FU 4	JND LIMIT	ED		5
1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Common Shares Par Value U.S. \$0.001 Per Share \$500,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NE									
NH						<u> </u>			
NJ		X	Х	1	\$5,044,000	0	0		
NM									
NV									
NY		X	X	15	\$124,362,523	0	0		
ОН									
OK									
OR									
PA									
PR									
RI									
SC									
SD									
TN		X	X	2	\$3,250,000	0	0		
TX									
UT									
VA									
VT								<u>.</u>	
WA									
WI									
WV									
WY									

