FORM D

Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

10397/4

OMB APPROVAL

OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001. Item 1. Issuer's Identity Name of Issuer Entity Type (Select one) Previous Name(s) X None Daedalus Partners, L.P. Corporation Limited Partnership X Jurisdiction of Incorporation/Organization Limited Liability Company CA General Partnership **Business Trust** Year of Incorporation/Organization (Select one) Other (Specify) Within Last Five Years Over Five Years Ago Yet to Be Formed (specify year) (If more than one issuer is filing this notice, check this box 🔲 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) MAA Item 2. Principal Place of Business and Contact Information Street Address 1 Street Address 2 One Maritime Plaza, Suite 800 City State/Province/Country ZIP/Postal Code Phone No. San Francisco CA 94111 (415) 434-4441 **Item 3. Related Persons** Last Name First Name Middle Name Osterweis Capital Management, LLC Street Address 1 Street Address 2 One Maritime Plaza, Suite 800 City State/Province/Country ZIP/Postal Code CA San Francisco 94111 Relationship(s): X Executive Officer Director X Promoter Clarification of Response (if Necessary) | General Partner (Identify additional related persons by checking this box $\boxed{\mathsf{X}}$ and attaching Item 3 Continuation Page(s).) Item 4. Industry Group (Select one) Agriculture **Business Services** Construction **Banking and Financial Services** Energy **REITS & Finance** Commercial Banking **Electric Utilities** Residential Insurance **Energy Conservation** Other Real Estate Coal Mining Investing Retailing Investment Banking **Environmental Services** Restaurants Pooled Investment Fund Oil & Gas Technology If selecting this industry group, also select one fund Other Energy Computers type below and answer the question below: **Health Care** Telecommunications Hedge Fund Biotechnology Other Technology Private Equity Fund Health Insurance Venture Capital Fund Travel Hospitals & Physcians Airlines & Airports Other Investment Fund Pharmaceuticals Lodging & Conventions Is the issuer registered as an investment Other Health Care company under the Investment Company **Tourism & Travel Services** Manufacturing Act of 1940? Yes Other Travel Real Estate Other Banking & Financial Services Other Commercial

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above) No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$55,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable Item 6. Federal Exemptions and Exclusions Clair	
Rule 504(b)(1) (not (i), (ii) or (iii))	sestment Company Act Section 3(c) Section 3(c)(1) Section 3(c)(9) Section 3(c)(2) Section 3(c)(10) Section 3(c)(3) Section 3(c)(11) Section 3(c)(4) Section 3(c)(12) Section 3(c)(5) Section 3(c)(13) Section 3(c)(6) Section 3(c)(14) Section 3(c)(7) Section 3(c)(14)
New Notice OR • Amendment Date of First Sale in this Offering: 07/01/1997 Item 8. Duration of Offering	OR First Sale Yet to Occur
Does the issuer intend this offering to last more than o	ne year? X Yes No
Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option,	 ▼ Pooled Investment Fund Interests □ Tenant-in-Common Securities □ Mineral Property Securities ▼ Other (Describe)
Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction Is this offering being made in connection with a busines transaction, such as a merger, acquisition or exchange offer?	s combination Yes X No
Clarification of Response (if Necessary)	

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Minimum investment accepted from any outside in	vestor \$ 1,000,000.00		
m 12. Sales Compensation			
ipient	Recipient CRD Numbe	er	
			☐ No CRD Number
sociated) Broker or Dealer None	(Associated) Broker or	Dealer CRD Nu	umber
			No CRD Number
eet Address 1	Street Address 2		
у	State/Province/Country ZIP/Postal	Code	
ates of Solicitation All States		one and an end of	
JAL ∐AK ∐AZ ∏AR ∭CA TIL ∏IN ∏IA ∏KS ∏KY			GA HI ID
_IIL	LA ME MD M	te boors on motor and a second	MN MS MO
RI SC SD TN TX		D ∐ OH∈ VA □ WV	OK OR PA
	aid compensation by checking this box		ning Item 12 Continuation Page
em 13. Offering and Sales Amounts			
(a) Total Offering Amount \$ 500,000	000.00	OR	Indefinite
(b) Total Amount Sold \$ 329,528	199.40		macmate
(c) Total Remaining to be Sold \$ 170,471			,
(Subtract (a) from (b)) Clarification of Response (if Necessary)	000.00	OR	Indefinite
Ciamication of nesponse (if necessary)			·
em 14. Investors			
Check this box if securities in the offering have be	en or may be sold to persons who do n	ot qualify as a	credited investors, and enter the
number of such non-accredited investors who alread	y have invested in the offering:		
Enter the total number of investors who already have	e invested in the offering: 162		
em 15. Sales Commissions and Finder	s' Fees Fynenses		
min to baile out in the control of t			
	and finders' fees expenses, if any. If a	n amount is no	ot known, provide an estimate a
Provide separately the amounts of sales commission check the box next to the amount.			
Provide separately the amounts of sales commission	Sales Commissions \$ 0.0	00	
Provide separately the amounts of sales commission check the box next to the amount.			
Provide separately the amounts of sales commission	Sales Commissions \$ 0.0		

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ltem 16	. Use	of Pro	ceeds
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Ite	em 15. Use of Proceeds		
use dir	ovide the amount of the gross proceeds of the offering that has bee ed for payments to any of the persons required to be named ectors or promoters in response to Item 3 above. If the amount is imate and check the box next to the amount.	as executive officers, \$ 0.00	Estimate
	Clarification of Response (if Necessary)		
	None, although the general partner of the issuer reco	eives investment management fees and a s	special profit allocation.
3i	gnature and Submission		
	Please verify the information you have entered and review t	the Terms of Submission below before signing a	and submitting this notice.
	Terms of Submission. In Submitting this notice, each	ch identified issuer is:	
	Notifying the SEC and/or each State in which this undertaking to furnish them, upon written request, in accompression of the secretary of the State in which the issuer maintains its principal place of process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in against the issuer in any place subject to the jurisdiction of activity in connection with the offering of securities that is provisions of: (i) the Securities Act of 1933, the Securities Ecompany Act of 1940, or the Investment Advisers Act of 1955 State in which the issuer maintains its principal place of but Certifying that, if the issuer is claiming a Rule 505 the reasons stated in Rule 505(b)(2)(iii).	ordance with applicable law, the information further SEC and the Securities Administrator or other of business and any State in which this notice is lice on its behalf, of any notice, process or plead in any Federal or state action, administrative profit the United States, if the action, proceeding or the subject of this notice, and (b) is founded, dischange Act of 1934, the Trust Indenture Act of 1940, or any rule or regulation under any of these is liness or any State in which this notice is filed.	rnished to offerees.* er legally designated officer of filed, as its agents for service of ing, and further agreeing that occeeding, or arbitration brought arbitration (a) arises out of any irectly or indirectly, upon the 1939, the Investment e statutes; or (ii) the laws of the
	* This undertaking does not affect any limits Section 102(a) of the 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to r "covered securities" for purposes of NSMIA, whether in all instance routinely require offering materials under this undertaking or other outlines. NSMIA's preservation of their anti-fraud authority.	require information. As a result, if the securities that a es or due to the nature of the offering that is the subj erwise and can require offering materials only to the	re the subject of this Form D are ect of this Form D, States cannot extent NSMIA permits them to do
	Each identified issuer has read this notice, knows the conte undersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	ents to be true, and has duly caused this notice is and attach Signature Continuation Pages for signature.	:o be signed on its behalf by the gnatures of issuers identified
	lssuer(s)	Name of Signer	
	Daedalus Partners, L.P.	Pamela S. Nichter	
	Signature	Title	
		Vice President of Osterweis Capital Man	agement, LLC, General Partner
	Number of continuation pages attached: 1		Date
	mannoci di continuation pages attached:		/ /2000

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 number.

_/___/2009

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Osterweis	John	To the find the state of the st	S.
Street Address 1	<u> </u>	Street Address 2	
One Maritime Plaza, Suite 800			
<u></u>	Province/Country	ZIP/Postal Code	
San Francisco CA		94111	
Relationship(s): X Executive Officer Dire	ctor 🔀 Promoter		
Clarification of Response (if Necessary) Manager	of Osterweis Capita	al Management, LLC, General	Partner
Last Name	First Name		Middle Name
Nichter	Pamela		S.
Stree: Address 1		Street Address 2	
One Maritime Plaza, Suite 800			
City State/I	Province/Country	ZIP/Postal Code	
San Francisco CA		94111	
Relationship(s): X Executive Officer Dire	ctor 🔀 Promoter		
Clarification of Response (if Necessary) Executive	Officer of Osterwe	eis Capital Management, LLC	
		or capital training content, and	
Last Name	First Name		Adiable News
Lastrane	First Name		Middle Name
Street Address 1		Street Address 2	
Street/Address (Street Address 2	
City State/F	Province/Country	ZIP/Postal Code	
Polationship(s):	ctor Promoter		
Relationship(s): Executive Officer Dire	ctor riomoter		
Clarification of Response (if Necessary)	***************************************		
		-	
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City State/I	Province/Country	ZIP/Postal Code	
			Tac-
			W 12 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
Relationship(s): Executive Officer Dire	ctor Promoter		
Relationship(s): Executive Officer Direction of Response (if Necessary)	ctor Promoter		