Notice of Exempt
Offering of Securities

848737

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

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) × None Icarus Partners, L.P. Corporation X Limited Partnership 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).) Item 2. Principal Place of Business and Contact Information Street Address 1 Street Address 2 One Maritime Plaza, Suite 800 City State/Province/Country Phone No. ZIP/Postal Code 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 |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 Investing Coal Mining 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 Is the issuer registered as an investment Lodging & Conventions 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)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in
	OR Item 4 above)
No Revenues	No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	Decline to Disclose
Not Applicable	Not Applicable
Item 6. Federal Exemptions and Exclusions Clair	
Inv Rule 504(b)(1) (not (i), (ii) or (iii))	estment Company Act Section 3(c)
X	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
※ Rule 506	Section 3(c)(6)
Securities Act Section 4(6)	Section 3(c)(14) Section 3(c)(7)
L.i	366.01.3(6)(7)
Item 7. Type of Filing	
○ New Notice OR	
Date of First Sale in this Offering: 02/01/1989	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than o	one year? X Yes No
_	,
	Il that apply)
Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option Warrant or Other Bight to Assuite	Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	X Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Limited partner interests
manant of other right to require 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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Item 11. Minimum Investment

Minimum investment accepted from any	outside investor \$	500,000.00		
Item 12. Sales Compensation				
Recipient		Recipient CRD Number		No CRD Number
(Associated) Broker or Dealer N	one	(Associated) Broker or Dea	aler CRD Number	No CRD Number
Street Address 1		Street Address 2] [] No CKD Number
City	State/Province/	Country ZIP/Postal Coo	de	
States of Solicitation All States AL AK AZ AR IL IN IA KS M. NE NV NH RI SC SD TN (Identify additional person) Item 13. Offering and Sales Amo	KY LA I	CT DE DC ME MD MA NY NC ND VT VA WA on by checking this box	MI	GA HI ID MN MS MO OK OR PA WI WY PR em 12 Continuation Page(s).
(a) Total Offering Amount	500,000,000.00		OR 🗆	Indefinite
(b) Total Amount Sold \$	207,800,081.00			
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	292,199,919.00		OR 🗆	Indefinite
Item 14. Investors				
Check this box if securities in the offering number of such non-accredited investors v	ng have been or may be so vho already have invested	old to persons who do not q in the offering:	ualify as accredit	ed investors, and enter the
Enter the total number of investors who al	ready have invested in the	e offering: 141		
Item 15. Sales Commissions and	Finders' Fees Expe	enses		
Provide separately the amounts of sales co check the box next to the amount.	mmissions and finders' fee	es expenses, if any. If an an	nount is not know	vn, provide an estimate and
	Sa	les Commissions \$ 0.00		☐ X Estimate
Clarification of Response (if Necessary)		Finders' Fees \$ 0.00		Estimate

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Item 16. Use of Proceeds				
Provide the amount of the gross proceeds of the offering that has be used for payments to any of the persons required to be named directors or promoters in response to Item 3 above. If the amount is estimate and check the box next to the amount.	l as executive officers, \$ 0.00	Estimate		
Clarification of Response (If Necessary)				
None, although the general partner of the issuer rec	ceives investment management fee	s and a special profit allocation.		
Signature and Submission				
Please verify the information you have entered and review	the Terms of Submission below before	signing and submitting this notice.		
Terms of Submission. In Submitting this notice, ea	ach identified issuer is:			
undertaking to furnish them, upon written request, in accomprevocably appointing each of the Secretary of the State in which the issuer maintains its principal place process, and agreeing that these persons may accept services such service may be made by registered or certified mail, against the issuer in any place subject to the jurisdiction cactivity 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 1 State in which the issuer maintains its principal place of be Certifying that, if the issuer is claiming a Rule 50 the reasons stated in Rule 505(b)(2)(iii).	the SEC and the Securities Administrate of business and any State in which this vice on its behalf, of any notice, process in any Federal or state action, administrate of the United States, if the action, process the subject of this notice, and (b) is for Exchange Act of 1934, the Trust Indentuge 1940, or any rule or regulation under any usiness or any State in which this notices.	or or other legally designated officer of notice is filed, as its agents for service of or pleading, and further agreeing that rative proceeding, or arbitration brought eding or arbitration (a) arises out of any unded, directly or indirectly, upon the are Act of 1939, the Investment y of these statutes; or (ii) the laws of the e is filed.		
* This undertaking does not affect any limits Section 102(a) of th 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to "covered securities" for purposes of NSMIA, whether in all instan- routinely require offering materials under this undertaking or otl so under NSMIA's preservation of their anti-fraud authority.	require information. As a result, if the securi ces or due to the nature of the offering that	ties that are the subject of this Form D are is the subject of this Form D, States cannot		
Each identified issuer has read this notice, knows the cont 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 the and attach Signature Continuation Pa	is notice to be signed on its behalf by the ges for signatures of issuers identified		
Issuer(s)	Name of Signer			
Icarus Partners, LP.	Pamela S. Nichter			
Signature	Title			

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.

Vice President of Osterweis Capital Management, LLC, General Partner

Date

_/2009

Number of continuation pages attached:

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Osterweis	John		S.
Street Address 1		Street Address 2	<u> </u>
One Maritime Plaza, Suite 800			
City	State/Province/Country	ZIP/Postal Code	
San Francisco	CA	94111	
Relationship(s): X Executive Office	ter Director X Promoter		
Clarification of Response (if Necessary)	Manager of Osterweis Capit	tal Management, LLC, Gene	eral Partner
Last Name	First Name		Middle Name
Nichter	Pamela		S.
Street Address 1	[arriela	Street Address 2	
One Maritime Plaza, Suite 800			
City	State/Province/Country	ZIP/Postal Code	
San Francisco	CA CA	94111	
Relationship(s): X Executive Office	cer Director X Promoter		
Clarification of Response (if Necessary	Executive Officer of Osterw	eis Capital Management, L	.LC
			
Last Name	First Name		Middle Name
Lastivaine	rischaile		
Street Address 1		Street Address 2	
Street Address 1		i i i i i i i i i i i i i i i i i i i	
City	State/Province/Country	ZIP/Postal Code	
City	State/110vince/country	Zir/rostal code	
Relationship(s): Executive Office	cer Director Promoter		
Clarification of Response (if Necessary)		
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
50 CCC / Marieso /			
City	State/Province/Country	ZIP/Postal Code	
	7		
Relationship(s): Executive Offi	cer Director Promoter		
Clarification of Response (if Necessary			
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