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**ORIGINAL** 

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

> **TEMPORARY** FORM D

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

**OMB APPROVAL** 

OMB Number:

3235-0076

Expires:

March 15, 2009

Estimated average burden

hours per form.....

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				Washings	_		
Name of Offering ([ ] check if this is an amendment and name has changed, and indicate change.)  Washington, DC							
GSA Capital International Partners, L.P. – Offering of Limited Partnership Interests 120							
Filing Under (Check box(es) that apply):	[ ] Rule 504	[ ] Rule 505	[x] Rule 506	[ ]Section 4(6) [ ] ULOE			
Type of Filing: [] New Filing	[x] Amendment						
	A. BASIC IDE	ENTIFICATION	DATA				
1. Enter the information requested about	he issuer						
Name of Issuer ([] check if this is an amend	ment and name has changed	, and indicate cha	nge.)				
GSA Capital International Partners, L.P.							
Address of Executive Offices	(Number and Street, City,	State, Zip Code)	Telephone Number (Inc				
GlobeOp Financial Services LLC, One So	uth Road, Harrison, New Y	ork 10528	(914) 670-3600				
Address of Principal Business Operations	(Number and Street, City,	State, Zip Code)	Telephone Number (In	HEATH STATE S			
(if different from Executive Offices) same a	s above		same as above	09036574			
Brief Description of Business Investments	in securities				-		
Type of Business Organization							
[ ] corporation	[x] limited partnersh	nip, already forme	d [ ] other (ple	ease specify):			
[ ] business trust	[ ] limited partnershi	p, to be formed					
	N	Aonth Ye	ar				
Actual or Estimated Date of Incorporation of	r Organization:	[02] [0	5]	[x] Actual			
				[ ] Estimated			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
	CN for Canada;	FN for foreign ju	risdiction)	[DE]			
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17							
CFR 239.500) only to issuers that file with the Commission a notice on Temporary From D (17 CFR 239.500T) or an amendment to such a notice in							
paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice							

using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

#### Federal:

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

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, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy 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.

### State:

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

SEC 1972 (9-08)

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.

THOMSON REITERS

A	RA	SIC	IDEN	ITIRIC	'A'	MOIT	DATA

- 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(es) that Apply:	[] Promoter [x] General and/or	[ ] Beneficial Owner Managing Partner	[ ] Executive Officer	[ ] Director				
Full Name (Last name first, if individual)								
GSA Capital General Partner Limited								
Business or Residence Address (Number and Street, City, State, Zip Code)								
P.O. Box 309, George Town, Grand Cayman, Cayman Islands, British West Indies								
Check Box(es) that Apply:	[x] Promoter [] General and/or N	[x] Beneficial Owner	[x] Executive Officer	[x] Director				
Full Name (Last name first, if individual)								
Hiscock, Jonathan	1 10	St. 1. 7: (C-1-)						
Business or Residence Address (Nu	imber and Street, City	, State, Zip Code)	-loud					
GSA Capital Partners LLP, First			[ ] Everytive Officer	[x] Director				
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or N	[ ] Beneficial Owner Managing Member	[ ] Executive Officer	[ x ] Director				
Full Name (Last name first, if indiv	idual)							
Webb, James	10	0: : 7: 0 1:)						
Business or Residence Address (Nu	imber and Street, City	, State, Zip Code)	s					
GSA Capital Partners LLP, First		Street, London WIJ 8DS, Eng	gland	F I Discorton				
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or N	[ ] Beneficial Owner  Managing Member	[ ] Executive Officer	[ x ] Director				
Full Name (Last name first, if indiv	idual)							
Bruder, Henning								
Business or Residence Address (Nu GSA Capital Partners LLP, First	mber and Street, City Floor, 11 Berkeley	, State, Zip Code) Street, London W1J8DS, Eng	gland					
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[x] Director				
	[ ] General and/or N	Managing Member						
Full Name (Last name first, if indiv <b>De Rosa, David</b>	idual)							
Business or Residence Address (Nu	ımber and Street, City	, State, Zip Code)						
GSA Capital Partners LLP, First			gland					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or N	[ ] Beneficial Owner Managing Partner	[ ] Executive Officer	[ ] Director				
Full Name (Last name first, if indiv	idual)							
D : D : Add - OL		State 7in Code)						
Business or Residence Address (Nu	imber and Sueet, City	, state, Zip Code)						
Check Box(es) that Apply:	[] Promoter	[ ] Beneficial Owner Managing Partner	[ ] Executive Officer	[ ] Director				
Full Name (Last name first if indiv		ranaging i artifer						
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner Managing Partner	[ ] Executive Officer	[ ] Director				
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							

	, ,				B. INF	ORMA	TION AB	OUT OF	FERING	3			
	las the issue			Α	nswer also	in Appen	dix, Colun	ın 2, if filii	offering? ng under U	LOE.			Yes No
2. V										\$1,000,000*			
3. Г	Does the offering permit joint ownership of a single unit?									Yes No [x] []			
n	Enter the info emuneration gent of a bro e listed are	i for solicit oker or de:	tation of pu	urchasers i red with th	n connecti ne SEC an	on with sa d/or with a	les of secu state or st	rities in th ates, list th	e offering. Te name of	if a perso the broker	on to be lis or dealer.	ted is an as If more t	ssociated person of han five (5) person
Fuli N	ame (Last n	ame first, i	f individua	al)									
Busin	ess or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)						
Name	of Associat	ed Broker	or Dealer										
States	in Which P	erson Liste	d Has Soli	cited or In	tends to So	olicit Purch	nasers						
	(Check	"All State:	s" or check	individua	l States)			,,,,,,,,,					[] 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 N	lame (Last r	ame first,	if individu	al)		-			<del>*</del>				
Busin	ess or Resid	ence Addr	ess (Numb	er and Stre	æt, City, S	tate, Zip C	ode)	······································		, .,			
Name	of Associat	ed Broker	or Dealer			· · · · · · · · · · · · · · · · · · ·							
States	in Which P	erson Liste	d Has Soli	icited or In	tends to S	olicit Purcl	nasers						
	(Check	"All State	s" or check	c individua	l States)			•••••	•••••			••••••	[ ] All State
	[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 N	lame (Last r	name first,	if individu	al)	<u></u>								,
Busin	ess or Resid	lence Addr	ess (Numb	er and Str	eet, City, S	State, Zip C	Code)						
Name	of Associa	ted Broker	or Dealer	<u></u>						<u></u>			
States	s in Which F	erson List	ed Has Sol	icited or Ir	tends to S	olicit Purc	hasers				,		
	(Check	"All State	s" or checl	k individua	ıl States)							••••••	[ ] All States
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[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.)

	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
	Debt	\$	. 5	<u> </u>
	Equity	\$		5
	[] Common [] Preferred			
	Convertible Securities (including warrants )	\$		S
	Partnership Interests	\$ 1,000,000,000		<u>121,015,370</u>
	Other (specify)	\$		S
	Total	\$ <u>1,000,000,000</u>	. :	121,015,370
	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	29	•	\$ <u>121,015,370</u>
	Non-accredited Investors	0	-	\$ <u> </u>
	Total (for filings Under Rule 504 Only)	N/A	-	\$ <u>N/A</u>
	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		Dollar Amount
	Type of offering	Security		Sold
	Rule 505	N/A	-	\$N/A
	Regulation A	N/A	-	\$N/A
	Rule 504	N/A	-	\$
	Total	N/A	_	\$N/A
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	[	]	\$
	Printing and Engraving Costs			<b>\$</b>
	Legal Fees			\$ 25,000
	Accounting Fees			\$ 10,000
	Engineering Fees			\$
	Sales Commissions (Specify finder's fees separately)			\$
	Other Expenses (identify): marketing expenses			\$ 15,000
	Outer Expenses (rectury). Humaning expenses	[v	7	\$ 50,000

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

	C. OFFERING PRICE, NUMBER OF INVES	TORS, EXPEN	SES AND USE OF PROC	LEDS
,	<ul> <li>b. Enter the difference between the aggregate offering price given in r         <ul> <li>Question 1 and total expenses furnished in response to Part C - Q</li> <li>difference is the "adjusted gross proceeds to the issuer."</li> </ul> </li> </ul>	uestion 4.a. This		\$_999,950,000
5.	Indicate below the amount of the adjusted gross proceeds to the proposed to be used for each of the purposes shown. If the amount is not known, furnish an estimate and check the box to the left of the est of the payments listed must equal the adjusted gross proceeds to the response to Part C – Question 4.b above.	for any purpose is stimate. The total		
	- Composition of the Composition		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	[]	<b>\$</b> []	\$
	Purchase of real estate	[]	<b>\$</b> []	\$
	Purchase, rental or leasing and installment of machinery and equi	ipment [ ]	<b>\$</b> []	\$
	Construction or leasing of plant buildings and facilities	[]	<b>\$</b> []	\$
	Acquisition of other businesses (including the value of securities in this offering that may be used in exchange for the assets of se of another issuer pursuant to a merger)	curities	\$[]	\$
	Repayment of indebtedness		<b>s</b> []	\$
	Working capital	[ ]	<b>\$</b> [ ]	\$
	Other: Investments in securities		\$ 999,950,000 []	<u>s</u>
	Column totals		\$ 999,950,000 []	\$
	Total payments listed (column totals added)		[x] \$ 999,950,000	
			and the second s	
	D. FEDERA	L SIGNATURE		
constitu	ner has duly caused this notice to be signed by the undersigned duly authorites an undertaking by the issuer to furnish to the U.S. Securities and Except to any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	hange Commission,	s notice is filed under Rule 505, upon written request of its staff	the following signature f, the information furnished by
Ì	Print or Type)	Signature	2 Ull	Date 3/11/200 9
GSA C	Capital International Partners, L.P.	Title of Signer (Pri	nt or Type)	<u> </u>
Name o	f Signer (Print or Type)			
	SA Capital General Partner Limited, General Partner		A Capital General Partne	er Limited, its General
By: Ja	mes Webb	Partner		

END

# Attention