UNITED STATES	OMB APPROVAL
SEC MORECURITIES AND EXCHANGE COMMISSION	OMB Number: 3235-0076
Mail Processing Washington, D.C. 20549 Section	Expires: March 15, 2009 Estimated average burden
FORM D	hours per response4.00
MAR 1 3 2009	(12)
NOTICE OF SALE OF SECURITIES 11	SEC USE ONLY
Washington, DC PURSUANT TO REGULATION D,	Prefix Serial
106 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (check if this is an amendment and name has changed, and indicat Limited Partnership Interests	te change.) PROCESSED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	06
Type of Filing: 🖾 New Filing 🔲 Amendment	MÁR 2 7 2009
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	THOMSON REITERS
Name of Issuer (Check if this is an amendment and name has changed, and indicate ch	nange.)
Clough Investment Partners II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code)	Talanhana Number (Istudias Area Cada)
Address of Executive Offices(Number and Street, City, State, Zip Code)One Post Office Square, 40th Floor, Boston, MA 02109	Telephone Number (Including Area Code) 617-204-3400
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
if different from Executive Offices)	
Brief Description of Business Investments	I TABUK AAND TAU AAND TAU AAND TAU AAND TAU AAND
Type of Business Organization	
	09036769
□ business trust □ limited partnership, to be formed	
□ business trust □ limited partnership, to be formed	Cear 9 X Actual Estimated
□ business trust □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: 1 2 9	/ear
□ business trust □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: 1 2 9 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)	Tear 9 IX Actual □ Estimated D E
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Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Imited partnership, to be formed Imited partnership GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFG 239.500T) that 239.500, out, if it does, the issuer must file amendments using Form D (17 CFG 239.500) an 203.503T.	Year 9 X Actual Estimated D E Estimated Estimated D E Estimated Estimated Construction Estimated Estimated Estimated D E Estimated Estimated Construction Estimated Estimated Estimated D E Estimated Estimated Construction Estimated Estimated Estimated D E Estimated Estimated D E Estimated Estimated Construction Estimated Estimated Estimated D E Estimated Estimated Estimated Of Section 4(6), 17 CFR 230.501 est seq. or 15 Estimated Estimated Estimated In Dor Section 4(6), 17 CFR 230.501 et seq. or 15 Estimated Estimated Estimated In Dor Section 4(6), 17 CFR 230.501 et seq. or 15 Estimated Estimated Estimated In Dor Section 4(6), 17 CFR 230.501 et seq. or 15 Estimated Estimate Estimate In Dor Section 4(10, 10, 10, 10, 10, 10, 10,
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Persons who respond to the collection of information contained in this form a number.

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A. BASIC IDENTIFICATION 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: Deromoter Deneficial Owner Executive Officer Director 🗵 General and/or Managing Partner

Full Name (Last Name first, if individual)

Clough Associates, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

One Post Office Square, 40th Floor, Boston, MA 02109

Check Box(es) that Apply: I Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

*Clough, Charles I., Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Clough Associates, LLC, One Post Office Square, 40th Floor, Boston, MA 02109

Check Box(es) that Apply: 🖾 Promoter 🗆 Beneficial Owner 🖾 Executive Officer 🗖 Director 📮 General and/or Managing Partner

Full Name (Last Name first, if individual)

*Brock, Eric A.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Clough Associates, LLC, One Post Office Square, 40th Floor, Boston, MA 02109

Check Box(es) that Apply: 🖾 Promoter 🗆 Beneficial Owner 🖾 Executive Officer 🗖 Director 📮 General and/or Managing Partner

Full Name (Last Name first, if individual)

*Canty, James E.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Clough Associates, LLC, One Post Office Square, 40th Floor, Boston, MA 02109

Check Box(es) that Apply: I Promoter Deneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last Name first, if individual)

Clough Capital Partners, L.P. (Investment Manager)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Clough Associates, LLC, One Post Office Square, 40th Floor, Boston, MA 02109

Check Box(es) that Apply: Dromoter Deneficial Owner Executive Officer Director General and/or Managing Partner

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.)

* Messrs. Clough, Brock and Canty are the managing members of the General Partner, and they also own and control the Investment Manager.

-					B. IN	FORMAT	TION ABO	OUT OFF	FERING					
													Yes	No
1.	Has the is	suer sold,					ccredited i			ering?		•••••		X
2	Wh -4 !- 4						nn 2, if filin	-					¢ 20	00 000*
2.						•	any indivi			•••••		•••••	\$ <u>2,0</u>	
3.	* Subject to reduction in the sole discretion of the General Partner. Does the offering permit joint ownership of a single unit?							Yes	No □					
5.	. Does the othering permit joint ownership of a single unit?									Ļ				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any													
						•	urchasers i							
	-	•			•		gent of a b		-				*	
							If more the				ed are asso	ociated		
	persons of	I SUCH a Dr	oker of de	aler, you	may set to	rui me mic	ormation fo	or that ore	oker of dea	aler only.				
Full N	Name (Last	name first,	, if individ	ual)			•							<u></u>
											•			
Busin	ess or Resid	lence Add	ress (Num	ber and S	treet, City,	State, Zip	Code)							
		. 10 1												
Name	of Associa	ted Broke	r or Dealei	Г										
States	in Which F	Person Lis	ted Has Sc	olicited or	Intends to	Solicit Pu	rchasers							
	ck "All Sta												□ All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Fuli	Name (Last	name first	, if individ	lual)	-									
				, 	_									
Busin	ess or Resid	dence Add	lress (Num	ber and S	treet, City,	, State, Zip	Code)							
Name	of Associa	ted Broke	r or Deale	r										
Inamo	, 01 ASSOCIA	ICU DIORC												
States	in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers				·			
•	ck "All Sta	tes" or che	eck individ	lual States	·					•••••			□ All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
		15101												

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

* The Investment Manager has entered or may enter into agreements with placement agents who may introduce investors to the issuer, and may compensate such agents at its own expense, on a fully-disclosed basis, in connection therewith.

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	Agg Offeri	regate ng Price	Am	ount Already Sold
	Debt	\$		\$	0-
	Equity Common Preferred	\$	-0-	\$	-0-
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
*	Partnership Interests	\$ <u>1,00</u>	0,000,000	\$	23,898,510
	Other (Specify))	\$	-0-	\$	-0-
	Total Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>1,00</u>	<u>0,000,000</u>	\$	23,898,510

* The offering is unlimited. The amount sold reflects sales outside the United States and initial investments and additions, but not withdrawals or redemptions.

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 of Investors	Aggregate Dollar Amount of Purchases		
Accredited Investors	63	\$ <u>23,898,510</u>		
Non-Accredited Investors		\$		
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE	<u>N/A</u>	\$N/A		

- * The number of investors and amount sold reflect initial investments and additions, including sales outside the United States, but not withdrawals or redemptions.
- 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.

NOT APPLICABLE

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A	••••••••••••••••••••••••••••••••••••••	\$
Rule 504	<u></u>	\$
Total		S

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		\$ \$
Legal Fees	X	s
Accounting Fees	X	s
Sales commission (specify finders' fees separately)		\$
Other Expenses (identify) Filing Fees	X	\$
Total offering and organizational expenses are not estimated to exceed \$100,000.	X	\$ <u>100,000</u>

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

b.	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."	999,900.000			

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 — Question 4.b above.

ASSUMES ENTIRE OFFERING IS SOLD

		Payments to Officers, Directors & Affiliates			Payments to Others
•	Salaries and fees	\$		\$_	m
	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 business (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): Investments**	\$	X	\$	999,900,000
	Column Totals	\$	X	\$	999,900,000
	Total Payments Listed (column totals added)	X s <u>9</u>	99,900	.000	

- * The Investment Manager is entitled to a quarterly management fee based on a percentage of the amount in each limited partner's capital account at the beginning of the quarter. The amount of such fee varies from quarter to quarter and cannot be estimated. The General Partner is entitled to an Incentive Allocation based on a percentage of the net capital appreciation, if any, allocated to each limited partner's capital account for a fiscal year, subject to adjustment as more fully set forth in the issuer's agreement of limited partnership. The amount of such Incentive Allocation cannot be estimated.
- ** The issuer expects to invest directly in securities of others but may invest in securities of an affiliated issuer.

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)	Signature	Date				
Clough Investment Partners II, L.P.	Ar		March <u>1'2</u> , 2009			
Name of Signer (Print or Type)	Time of Signer (Print or Type)					
James E. Canty	A Managing Member of the General Partner					

ATTENTION

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