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SEC 1972 (6/99) Potential persons who are to 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.

PROCESSED

JAN 31 2002

THOMSON FINANCIAL

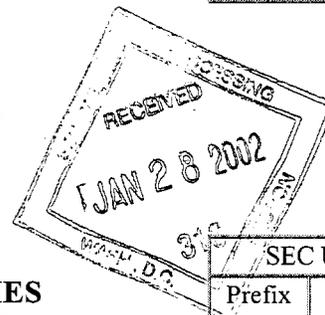
ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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

Table with OMB APPROVAL, OMB Number: 3235-0076, Expires: May 31, 2002, Estimated average burden hours per response... 1

FORM D



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

Table with SEC USE ONLY, Prefix, Serial, DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Employee Stock Purchase

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [x] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Dispensing Containers Corporation

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 in the notice constitutes a part of this notice and must be completed.

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:	<input type="checkbox"/>	Promoter	<input checked="" type="checkbox"/>	Beneficial Owner ¹	<input checked="" type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Diamond, George B.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input checked="" type="checkbox"/>	Beneficial Owner ²	<input checked="" type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Helmrich, Ralph H.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input checked="" type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Slocum, Ray G.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

¹ Only a Beneficial Owner prior to the consumation of the Sale of Securities identified herein.

² Only a Beneficial Owner prior to the consumation of the Sale of Securities identified herein.

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input checked="" type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)

Vlasich, William

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

c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown, Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input checked="" type="checkbox"/>	Executive Officer ³	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)

Forer, Bruce

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

c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown, Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input checked="" type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)

Fitzgerald, Edward J.

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

c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown, Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
---------------------------	--------------------------	----------	--------------------------	------------------	--------------------------	-------------------	-------------------------------------	----------	--------------------------	---------------------------------

Full Name (Last name first, if individual)

Luscan, Francois

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

c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown, Pennsylvania 18106

³ Only an Executive Officer prior to the consumation of the Sale of Securities identified herein.

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input checked="" type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Ross, Leonard D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Breier, Michele

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Spier, William

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input checked="" type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Cebal, S.A.

Business or Residence Address (Number and Street, City, State, Zip Code)
98 Boulevard Victor Hugo, 92115 Clichy, France

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director ⁴	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Lichter, Leonard

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

⁴ Only a Director prior to the consumation of the Sale of Securities identified herein.

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director ⁵	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)

Sylvan Dubé

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

c/o Capital d' Amérique CDPQ Inc. 2001 McGill College Avenue Montréal, QB H3A 1G1

Canada

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director ⁶	<input type="checkbox"/>	General and/or Managing Partner
---------------------------	--------------------------	----------	--------------------------	------------------	--------------------------	-------------------	-------------------------------------	-----------------------	--------------------------	---------------------------------

Full Name (Last name first, if individual)

Adam Lapointe

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

c/o Capital d' Amérique CDPQ Inc. 2001 McGill College Avenue Montréal, QB H3A 1G1

Canada.

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input checked="" type="checkbox"/>	Beneficial Owner ⁷	<input type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
---------------------------	--------------------------	----------	-------------------------------------	-------------------------------	--------------------------	-------------------	--------------------------	----------	--------------------------	---------------------------------

Full Name (Last name first, if individual)

Capital d' Amérique CDPQ Inc.

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

2001 McGill College Avenue Montréal, QB H3A 1G1 Canada.

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input checked="" type="checkbox"/>	Beneficial Owner ⁸	<input type="checkbox"/>	Executive Officer	<input type="checkbox"/>	Director	<input type="checkbox"/>	General and/or Managing Partner
---------------------------	--------------------------	----------	-------------------------------------	-------------------------------	--------------------------	-------------------	--------------------------	----------	--------------------------	---------------------------------

Full Name (Last name first, if individual)

Dispensing Containers Common Shares A, LLC

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

11 Beaver Street San Francisco, California 94114

⁵ Only a Director after the consumation of the Sale of Securities identified herein.

⁶ Only a Director after the consumation of the Sale of Securities identified herein.

⁷ Only a Beneficial Owner after the consumation of the Sale of Securities identified herein.

⁸ Only a Beneficial Owner after the consumation of the Sale of Securities identified herein.

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director ⁹	<input type="checkbox"/>	General and/or Managing Partner
---------------------------	--------------------------	----------	--------------------------	------------------	--------------------------	-------------------	-------------------------------------	-----------------------	--------------------------	---------------------------------

Full Name (Last name first, if individual)
Meausoone, Jean-Paul

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

Check Box(es) that Apply:	<input type="checkbox"/>	Promoter	<input type="checkbox"/>	Beneficial Owner	<input type="checkbox"/>	Executive Officer	<input checked="" type="checkbox"/>	Director ¹⁰	<input type="checkbox"/>	General and/or Managing Partner
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Full Name (Last name first, if individual)
Hill, James

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Dispensing Containers Corporation, 7130 Ambassador Drive, Allentown,
Pennsylvania 18106

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
[] [x]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? N/A

3. Does the offering permit joint ownership of a single unit? Yes No
[x] []

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States) [] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]

⁹ Only a Director prior to the consummation of the Sale of Securities identified herein.

¹⁰ Only a Director prior to the consummation of the Sale of Securities identified herein.

[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]

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

[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]

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

[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]

(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
Debt	\$0	\$0
Equity	\$0	\$0
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$0	See Note A
Partnership Interests	\$0	\$0
Other (Specify _____).	\$0	\$0
Total	\$0	See Note A

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	27	See Note A
Non-accredited Investors	_____	\$0 _____
Total (for filings under Rule 504 only)	_____	\$0 _____

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, 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		\$0 _____
<u>Regulation A</u>		\$0 _____
Rule 504		\$0 _____
Total		\$0 _____

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	[] \$ 0 _____
Legal Fees	[] \$ 0 _____
Accounting Fees	[] \$ 0 _____
Engineering Fees	[] \$ 0 _____
Sales Commissions (specify finders' fees separately)	[] \$ 0 _____
Other Expenses (identify)	[] \$ 0 _____
Total	[] \$ 0 _____

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." \$ 0 _____

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.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[] \$ 0 _____	[] \$ 0 _____
Purchase of real estate	[] \$ 0 _____	[] \$ 0 _____
Purchase, rental or leasing and installation of machinery and equipment	[] \$ 0 _____	[] \$ 0 _____
Construction or leasing of plant buildings and facilities.....	[] \$ 0 _____	[] \$ 0 _____
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)	[] \$ 0 _____	[] \$ 0 _____
Repayment of indebtedness	[] \$ 0 _____	[] \$ 0 _____
Working capital	[] \$ 0 _____	[] \$ 0 _____
Other (specify): _____	[] \$ 0 _____	[] \$ 0 _____
_____	[] \$ 0 _____	[] \$ 0 _____
_____	[] \$ 0 _____	[] \$ 0 _____
Column Totals	[] \$ 0 _____	[] \$ 0 _____
Total Payments Listed (column totals added)	[] \$ 0 _____	[] \$ 0 _____

NOTE A: Shares of Common Stock were issued to certain investors in return for the cancellation of certain Convertible Promissory Notes previously issued to such investors, at the approximate price of \$2.18 per share.

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA				2	See Note A				
CO									
CT									
DE				1	See Note A				
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									
MT									
NE									
NV									

NH									
NJ				3	See Note A				
NM									
NY				20	See Note A				
NC									
ND									
OH									
OK									
OR				1	See Note A				
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

*<http://www.sec.gov/divisions/corpfin/forms/d.htm>
Last update: 08/27/1999*

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) Dispensing Containers Corporation	Signature <i>Edward J. Fitzgerald</i>	Date 1/24/02
Name of Signer (Print or Type) Edward J. Fitzgerald	Title of Signer (Print or Type) President and Chief Executive Officer	

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

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No
[] [X]

See Appendix, Column 5, for state response.

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.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

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.

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) Dispensing Containers Corporation	Signature <i>EJ Fitzgerald</i>	Date 1/24/02
Name of Signer (Print or Type) Edward J. Fitzgerald	Title of Signer (Print or Type) President and Chief Executive Officer	