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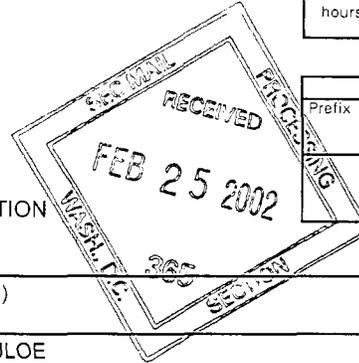
UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

OMB APPROVAL  
OMB Number: 3235-0076  
Expires: December 31, 1996  
Estimated average burden  
hours per form 16.00



FORM D

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



SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering ( [ ] check if this is an amendment and name has changed, and indicate change.)  
**Comprehensive Neuroscience, Inc. Convertible Secured Subordinated Notes**

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

PROCESSED

MAR 22 2002

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.)  
**Comprehensive Neuroscience, Inc.**

THOMSON FINANCIAL

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
**21 Bloomingdale Road, White Plains, New York 10605 (914) 997-4000**

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
Operations (if different from Executive Offices)

Brief Description of Business  
**Healthcare, clinical research, dissemination of information and development of drugs for illnesses related to memory, mood and behavior.**

Type of Business Organization  
[x] corporation [ ] limited partnership, already formed [ ] other (please specify):  
[ ] business trust [ ] limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: **June 26, 1998** [x] Actual [ ] Estimated  
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E]

GENERAL INSTRUCTIONS

- 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 15 U.S.C. 77d(6).  
**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, 450 Fifth Street, N.W., Washington, D.C. 20549.  
**Copies Required:** Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies 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

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.

**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:  Promoter                       Beneficial Owner                       Executive Officer                       Director                       General and/or Managing Partner

Full Name (Last name first, if individual):  
**Waxman, Albert S., Ph.D.**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**c/o Psilos Group Partners, L.P., Carnegie Hall Tower, 152 West 57th Street, New York, NY 10019**

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

Full Name (Last name first, if individual):  
**Howe, Timothy**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**c/o Collison, Howe & Lenox, LLC, 1055 Washington Avenue, 4th Floor, Stamford, CT 06901**

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

Full Name (Last name first, if individual):  
**Docherty, John P., M.D.**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**c/o Comprehensive Neuroscience, Inc., 21 Bloomingdale Road, Cottage 1, White Plains, NY 10605**

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

Full Name (Last name first, if individual):  
**Heffernan, Michael T.**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**c/o Innovative Clinical Solutions, Ltd., 10 Dorrance Street, Suite 400, Providence, RI 02903**

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

Full Name (Last name first, if individual):  
**Bernstein, William**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**Kalkines, Arky, Zall & Bernstein, 1675 Broadway, New York, NY 10019**

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

Full Name (Last name first, if individual):  
**Kenneth Kosowicz**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**c/o Comprehensive Neuroscience, Inc., 21 Bloomingdale Road, Cottage 1, White Plains, NY 10605**

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

Full Name (Last name first, if individual):  
**Richard Surles, Ph.D.**

Business or Residence Address (Number and Street, City, State, Zip Code):  
**c/o Comprehensive Neuroscience, Inc., 21 Bloomingdale Road, Cottage 1, White Plains, NY 10605**

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					
Full Name (Last name first, if individual): <b>David Sack M.D.</b>					
Business or Residence Address (Number and Street, City, State, Zip Code): <b>c/o Comprehensive Neuroscience, Inc., 21 Bloomingdale Road, Cottage 1, White Plains, NY 10605</b>					
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					
Full Name (Last name first, if individual): <b>Daniel Carpenter, Ph.D.</b>					
Business or Residence Address (Number and Street, City, State, Zip Code): <b>c/o Comprehensive Neuroscience, Inc., 21 Bloomingdale Road, Cottage 1, White Plains, NY 10605</b>					
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					
Full Name (Last name first, if individual): <b>Psilos Group Partners, L.P.</b>					
Business or Residence Address (Number and Street, City, State, Zip Code): <b>Carnegie Hall Tower, 152 West 57th Street, New York, NY 10019</b>					
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					
Full Name (Last name first, if individual): <b>CCP/Psilos CNS LLC</b>					
Business or Residence Address (Number and Street, City, State, Zip Code): <b>c/o Psilos Group Investors, L.P., Carnegie Hall Tower, 152 West 57th Street, New York, NY 10019</b>					
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					
Full Name (Last name first, if individual): <b>CHL Medical Partners, L.P.</b>					
Business or Residence Address (Number and Street, City, State, Zip Code): <b>c/o Collinson, Howe &amp; Lenox, LLC, 1055 Washington Avenue, 4th Floor, Stamford, CT 06901</b>					
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					
Full Name (Last name first, if individual): <b>CNS Investors LLC</b>					
Business or Residence Address (Number and Street, City, State, Zip Code): <b>c/o John P. Docherty, M.D., 21 Bloomingdale Road, Cottage 1, White Plains, NY 10605</b>					
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)					

**B. INFORMATION ABOUT OFFERING**

- |  |  |   |
|--|--|---|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ..... | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.   |  |   |
| 2. What is the minimum investment that will be accepted from any individual? .....                             | At the Discretion<br>of the Issuer         |   |
| 3. Does the offering permit joint ownership of a single unit? .....  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |

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)

NA

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]



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

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." .....

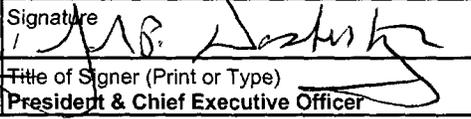
	\$ <u>3,204,012</u>
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5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left 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		Payment to Others
Salaries and Fees .....	[ ] \$ _____	[ ]	\$ _____
Purchase of Real Estate .....	[ ] \$ _____	[ ]	\$ _____
Purchase, rental and leasing and installation of machinery and equipment .....	[ ] \$ _____	[ ]	\$ _____
Construction or leasing of plant buildings and facilities .....	[ ] \$ _____	[ ]	\$ _____
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) .....	[ ] \$ _____	[ ]	\$ _____
Repayment of indebtedness .....	[ ] \$ _____	[ ]	\$ _____
Working capital .....	[ ] \$ _____	[x]	\$ <u>3,204,012</u>
Other (Specify): _____ _____			
_____	[ ] \$ _____	[ ]	\$ _____
Column Totals .....	[ ] \$ _____	[X]	\$ <u>3,204,012</u>
Total Payments Listed (column totals added) .....	[ ] \$ _____	[X]	\$ <u>3,204,012</u>

**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) <b>Comprehensive Neuroscience, Inc.</b>	Signature 	Date <b>02/17/2002</b>
Name of Signer (Print or Type) <b>John P. Docherty, M.D.</b>	Title of Signer (Print or Type) <b>President &amp; Chief Executive Officer</b>	