

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

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:	August 31, 1998						
Estimated average burden							
hours per resp	onse 16.00						

SEC US	E ONLY					
Prefix Serial						
DATE RECEIVED						

5 `	nent and name has changed, and indicate change.) Class B Non-Voting Common Stock of United Industr	ies Corporation
	ıle 504 □ Rule 505 ☒ Rule 506 □ Section 4(e	
Type of Filing: ☐ New Filing ☐ Amend	ment A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	uer	
Name of Issuer (check if this is an amendate United Industries Corporation	ment and name has changed, and indicate change.)	1083200 1083200
Address of Executive Offices (Number and Street	, City, State, Zip Code)	Telephone Number (Including Area Code)
8825 Page Boulevard, St. Louis Missouri 63114		(314) 427-0780
Address of Principal Business Operations (Number	er and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business Manufacture and sale of lawn and garden product	s including pesticides, insecticides and fertilizer	PROCESSED
Trial de la constitución de la c		
Type of Business Organization		81111 A 0 0000
Type of Business Organization		Other (please specify)
⊠ corporation	☐ limited partnership, already formed	□ other (please specify):
· ·	☐ limited partnership, already formed ☐ limited partnership, to be formed ☐ Month Year	other (please specify): THOMSON FINANCIAL
□ corporation □ business trust Actual or Estimated Date of Incorporation or Organization	☐ limited partnership, already formed ☐ limited partnership, to be formed Month Year anization: 0 4 7 3	other (please specify): THOMSON FINANCIAL ■ Actual □ Estimated
□ corporation □ business trust Actual or Estimated Date of Incorporation or Organization: (En	☐ limited partnership, already formed ☐ limited partnership, to be formed Month Year anization: 0 4 7 3 ter two-letter U.S. Postal Service abbreviation for Sta	other (please specify): THOMSON FINANCIAL ■ Actual □ Estimated
□ corporation □ business trust Actual or Estimated Date of Incorporation or Organization: (En	☐ limited partnership, already formed ☐ limited partnership, to be formed Month Year anization: 0 4 7 3 ter two-letter U.S. Postal Service abbreviation for Sta	other (please specify): THOMSON FINANCIAL ■ Actual □ Estimated

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.

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.

SEC 1972 (2-97)

Α. BASIC IDENTIFICATION DATA

- 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	l and	l managing	partner of	ρſ	partners	hip	issuers.
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 Each general and man 	naging partner of pa	rtnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if UIC Holdings, L.L.C.	individual)				
Business or Residence Addres 75 State Street, Boston, M	*	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if C. Hunter Boll	individual)				
Business or Residence Addres 8825 Page Boulevard, St.					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Charles Brizius	individual)				
Business or Residence Addres 8825 Page Boulevard, St.			· • • • • • • • • • • • • • • • • • • •		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Robert L. Caulk	individual)				
Business or Residence Addres 8825 Page Boulevard, St.					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Daniel J. Johnston	individual)				
Business or Residence Addres 8825 Page Boulevard, St.	•				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if David Jones	individual)				
Business or Residence Addres 8825 Page Boulevard, St.	*				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Gary M. Rodkin					
Business or Residence Addres 8825 Page Boulevard, St.	•				

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

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 mar 	naging partner of pa	rtnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Scott A. Schoen	individual)				
Business or Residence Address 8825 Page Boulevard, St.	•				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)			0.10,10
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			1 200	
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)	í		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			

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

3.4%	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 ⊠					
Answer also in Appendix, Column 2, if filing under ULOE.								
2. What is the minimum investment that will be accepted from any individual?								
3.								
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.								
Fu	ll Name (Last name first, if individual)							
	NONE							
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)							
Na	me of Associated Broker or Dealer							
Sta	ites in Which Person Listed has Solicited or Intends to Solicit Purchasers							
(C	heck "All States" or check individual States)							
[] [M	L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] L] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] T] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] .I] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]							
Fu	ll Name (Last name first, if individual)							
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)							
Na	me of Associated Broker or Dealer							
Sta	ites in Which Person Listed has Solicited or Intends to Solicit Purchasers							
(C	heck "All States" or check individual States)							
	L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]							
	L] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] T] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]							
	I] [SC] [SD] [TN] [TX] [UT] [VT] [WA] [WV] [WI] [WY] [PR]							
Fu	ll Name (Last name first, if individual)							
Ru	siness or Residence Address (Number and Street, City, State, Zip Code)							
Du	siness of Residence Address (Number and Street, City, State, Zip Code)							
Na	me of Associated Broker or Dealer							
Sta	ates in Which Person Listed has Solicited or Intends to Solicit Purchasers							
(C	heck "All States" or check individual States)							
	L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]							
[M	L] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] IT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] LI] [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	S AND USE OF P	ROCEEDS
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 \square and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		·
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>16,900,000</u>	\$ <u>16,900,000</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>16,900,000</u>	\$ <u>16,900,000</u>
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		\$ 16,900,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
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.		
	Tours of a Continu	Type of	Dollar Amount Sold
	Type of offering Rule 505	Security	\$
	Regulation A		\$ \$
	Rule 504		\$
	Total		\$
4a.	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 finder's fees separately)		\$0
	Other Expenses (identify) Transaction fees and costs	⊠	\$3,000,000
	Total	⊠	\$3,000,000

b.	to Part C-Question 1 and total Question 4.a. This difference	he aggregate offering price given in response expenses furnished in response to Part C-is the "adjusted gross proceeds to the		\$1	3,900,	000
pi pi es	roposed to be used for each of the urpose is not known, furnish an es	djusted gross proceeds to the issuer used or purposes shown. If the amount for any stimate and check the box to the left of the s listed must equal the adjusted gross proceeds Part C-Question 4.b. above.				
	·		Of: Direc	nents to ficers, ctors, & filiates	Pavr	ments to Others
	Salaries and fees				•	nents to Others
		l installation of machinery and equipment				
	-	nt buildings and facilities				
	Acquisition of other businesse	s (including the value of securities involved in in exchange for the assets or securities of	<u> </u>		Ψ <u></u>	
	another issuer pursuant to a m	erger	\$	⊠	\$	13,900,000
	Repayment of indebtedness.		\$		\$	
			\$		\$	
	Other (specify)	m	¢		ď	
			\$ \$			
					» —	· · · · · · · · · · · · · · · · · · ·
					» —	12,000,000
		n totals added)	ъ		\$	
	Total Laymonts Disted (column	n totals added)		፟ \$ _1	3,900.	<u>,000</u>
		D. FEDERAL SIGNATURE			Vi.	
505, 1 upon	the following signature constitutes	o be signed by the undersigned duly authorized ps an undertaking by the issuer to furnish to the U. ormation furnished by the issuer to any non-accre	S. Securit	ies and Excl	nange	Commission,
Issue	r (Print or Type)	Signature	Date	-		. <u></u>
Unite	d Industries Corporation	hous / luch	May 23	, 2002		
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)				
Louis	N. Laderman	Vice President and Secretary				
		ATTENTION				

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

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

i e		E. STATE SIGNATURE					
1.		52 (c), (d), (e) or (f) presently subject to any of the contraction of					
		See Appendix, Column 5, for state response.					
2.	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 undertakthe issuer to offerees.	ses to furnish to the state administrators, upon wr	ritten request, information furnished by				
4.	Uniform Limited Offering Exemption (the issuer is familiar with the conditions that mus ULOE) of the state in which this notice is filed a see burden of establishing that these conditions have	nd understands that the issuer claiming				
	e issuer has read this notification and kno undersigned duly authorized person.	ows the contents to be true and has duly caused the	his notice to be signed on its behalf by				
Iss	uer (Print or Type)	Signature	Date				
United Industries Corporation		how I hat	May 23, 2002				
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					

Vice President and Secretary

Instruction:

Louis N. Laderman

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	2	3	4					5
	Intend t non-acc investors (Part B	eredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of im amount purch (Part C-	nased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			, ,	Number of		Number of Non-			
				Accredited		accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
									<u> </u>
AK									
AZ									
AR									
CA									
СО									
CT									
DE									
DC							<u> </u>		
FL		_							
GA									
HI			,					···	
ID					<u> </u>				
IL									
IN		_							
IA									
KS									
KY									
LA									
ME									
MD									
MA		X	\$16,900,000 of Class A Voting Common Stock and Class B Non-Voting Common Stock	1	\$16,900,000	0	0		Х
MI									
MN									
MS									
МО							· · · · · · · · · · · · · · · · · · ·		

APPENDIX

1	2		3		4				5	
	non-acc	to sell to credited s in State -Item 1)	Type of s and agg offering offered i (Part C-l	regate price n state	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		ļ	Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
MT							24.7000			1,0
NE										
NV										
NH					,		-			
NJ										
NM										
NY										
NC										
ND										
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