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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 state exemption unless such exemption is predicated on the filing of a federal notice.

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



03010833

FORM D

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

FEB 27 2003

Table with OMB APPROVAL, OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per response... 1

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.) Aggregate offering of up to \$125,375,000 of a combination of Warrants to purchase Common Stock and (a) Notes convertible into Common Stock or Series A Convertible Preferred Stock; and/or (b) Series A Convertible Preferred and Series B Convertible Preferred Stock.

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 04 2003
THOMSON FINANCIAL

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.) Wellman, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

Telephone Number (Including Area Code) 732-212-3300

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 Manufacture and marketing of high-quality polyester products, including Fortrol brand polyester fibers and PermaClear and EcoClear brand PET (polyethylene terephthalate) resins.

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: Month Year [0]7 [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 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(8). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Information Required: A new filing must contain all information requested. 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.

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) **Duff, Thomas M.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Christenson, Clifford J.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Phillips, Keith R.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Rosenblum, Mark J.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Goodman, Audrey L.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Dowsbury, Michael E.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Hobson, John R.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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) **Taylor, Ernest G.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Tucker, Joseph C.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Baker, James B.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Heitmilller, Richard F.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Kerins, Gerald J.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Rogers, James E.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) **Schlangor, Marvin O.**

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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) Vandenberg, Roger A.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Wellman, Inc., 595 Shrewsbury Avenue, Shrewsbury, NJ 07702

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

Full Name (Last name first, if individual) Goldstein, Oliver

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Warburg Pincus Private Equity VIII, L.P., 466 Lexington Avenue, New York, NY 10017

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 (Number and Street, 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 (Number and Street, 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 (Number and Street, 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 (Number and Street, 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 (Number and Street, City, State, Zip Code)

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?..... \$ N/A

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

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) **J.P. Morgan Securities, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code) **270 Park Avenue, New York, NY 10017**

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]	<input checked="" type="checkbox"/> [MA]	<input checked="" type="checkbox"/> [MI]	[MN]	[MS]	[MO]
[MT]	<input checked="" type="checkbox"/> [NE]	[NV]	[NH]	[NJ]	[NM]	<input checked="" type="checkbox"/> [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) **Bear, Stearns & Co. Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code) **245 Park Avenue, New York, NY 10167**

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]	<input checked="" type="checkbox"/> [MA]	<input checked="" type="checkbox"/> [MI]	[MN]	[MS]	[MO]
[MT]	<input checked="" type="checkbox"/> [NE]	[NV]	[NH]	[NJ]	[NM]	<input checked="" type="checkbox"/> [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) **Fleet Securities, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code) **100 Federal Street, Boston, MA 02110**

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]	<input checked="" type="checkbox"/> [MA]	<input checked="" type="checkbox"/> [MI]	[MN]	[MS]	[MO]
[MT]	<input checked="" type="checkbox"/> [NE]	[NV]	[NH]	[NJ]	[NM]	<input checked="" type="checkbox"/> [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

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	\$ 125,375,000*	\$ -0-
	[X] Common [X] Preferred	
Convertible Securities (including warrants)	\$ 49,950,000*	\$ 20,000,000**
Partnership Interests	\$ -0-	\$ -0-
Other (Specify _____).	\$ -0-	\$ -0-
Total	\$ 125,375,000*	\$ 20,000,000**

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	1	\$ 20,000,000**
Non-accredited Investors	0-	\$ -0-
Total (for filings under Rule 504 only)		\$

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		\$
Regulation A		\$
Rule 504		\$
Total		\$

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	[X] \$ 500,000
Accounting Fees	[X] \$ 200,000
Engineering Fees	[] \$ -0-
Sales Commissions (specify finders' fees separately)	[X] \$ 5,700,000
Other Expenses (identify) <u>Reimbursed Expenses of Advisors</u>	[X] \$ 100,000
<u>Reimbursed Expenses of Purchaser</u>	[X] \$ 1,500,000
Total	[X] \$ 8,000,000

*Purchases will be a combination of Warrants to purchase Common Stock and (a) Notes convertible into Common Stock or Series A Convertible Preferred Stock; and/or (b) Series A Convertible Preferred Stock and Series B Convertible Preferred Stock. The aggregate offering amount of either alternative is \$125,375,000.

**Figure includes value of Warrants to purchase Common Stock and Notes convertible into Common Stock or Series A Convertible Preferred Stock.

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."

\$- --117,375,000--

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.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Purchase of real estate	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
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)	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Repayment of indebtedness	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>95,000,000</u>
Working capital	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>22,375,000</u>
Other (specify):	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
.....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
.....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Column Totals	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>117,375,000</u>
Total Payments Listed (column totals added)		<input checked="" type="checkbox"/> \$ <u>117,375,000</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) Wellman, Inc.	Signature <i>Keith R. Phillips</i>	Date February 26, 2003
Name of Signer (Print or Type) Keith R. Phillips	Title of Signer (Print or Type) Chief Financial Officer and Vice President	

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