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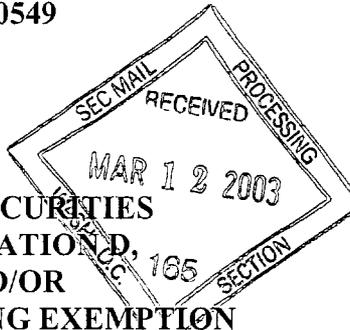
SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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, 2005, 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

PROCESSED MAR 13 2003

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

THOMSON FINANCIAL

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [] 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.) Kiindex, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 3 New York Plaza, 15th Floor, New York, NY 10004 (646) 437-3900

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

ny-461751

Handwritten signature

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

Full Name (Last name first, if individual)

Chavez, R. Martin

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Mahaian, Rai

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Maloney, Sean

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Farley, Thomas

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

ny-461751

Full Name (Last name first, if individual)

Vaswani, Raj

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Emanuelsson, Joachim

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Pickard, William

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Iadanza, Lisa

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Henderson, Gregory

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Reyl, Charles

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Armstrong, Addison

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Madison, Tom

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Gross, Stewart

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

c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)

Ognt, Bilge

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)
Raatz, Stan

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Kiodex, Inc., 3 New York Plaza, 15th Floor, New York, NY 10004

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

Full Name (Last name first, if individual)
Warburg, Pincus Equity Partners, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)
466 Lexington Avenue, 10th Floor, New York, NY 10017

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

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers **N/A**
 (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	\$	\$
Equity	\$5,035,000.00	\$2,535,000.00
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other (Specify _____).	\$0	\$0
Total	\$5,035,000.00	\$2,535,000.00

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	12	\$2,535,000.00
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)	12	\$2,535,000.00

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		\$
<u>Regulation A</u>		\$
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	<input type="checkbox"/>	\$
Printing and Engraving Costs	<input type="checkbox"/>	\$
Legal Fees	<input checked="" type="checkbox"/>	\$80,000
Accounting Fees	<input checked="" type="checkbox"/>	\$20,000
Engineering Fees	<input type="checkbox"/>	\$
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$
Other Expenses (identify) _____	<input type="checkbox"/>	\$
Total	<input checked="" type="checkbox"/>	\$120,000

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."

\$4,935,000

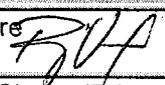
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted 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 checked="" type="checkbox"/> \$2,500,000	<input type="checkbox"/> \$ _____
Purchase of real estate	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
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"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Working capital	<input checked="" type="checkbox"/>	\$2,435,000	<input type="checkbox"/>	\$
Other (specify): Clinical trials, research and development	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals	<input checked="" type="checkbox"/>	\$4,935,000	<input type="checkbox"/>	\$
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/>	\$4,935,000	<input type="checkbox"/>	\$

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) Kiodex, Inc.	Signature 	Date 3/10/03
Name of Signer (Print or Type) Raj Vaswani	Title of Signer (Print or Type) VP, Operations & General Counsel	

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

Working capital	<input checked="" type="checkbox"/>	\$2,435,000	<input type="checkbox"/>	\$
Other (specify):Clinical trials, research and development	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>		<input type="checkbox"/>	
_____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals	<input checked="" type="checkbox"/>	\$4,935,000	<input type="checkbox"/>	\$
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/>	\$4,935,000		

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) Kiodex, Inc.	Signature 	Date 3/10/03
Name of Signer (Print or Type) Raj Vaswani	Title of Signer (Print or Type) VP, Operations & General Counsel	

ATTENTION

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

Working capital	<input checked="" type="checkbox"/>	\$2,435,000	<input type="checkbox"/>	\$
Other (specify):Clinical trials, research and development	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>		<input type="checkbox"/>	
_____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals	<input checked="" type="checkbox"/>	\$4,935,000	<input type="checkbox"/>	\$
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/>	\$4,935,000		

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) Kiodex, Inc.	Signature 	Date 3/10/03
Name of Signer (Print or Type) Raj Vaswani	Title of Signer (Print or Type) VP, Operations & General Counsel	

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

Working capital	<input checked="" type="checkbox"/>	\$2,435,000	<input type="checkbox"/>	\$
Other (specify): Clinical trials, research and development	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>		<input type="checkbox"/>	
_____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals	<input checked="" type="checkbox"/>	\$4,935,000	<input type="checkbox"/>	\$
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/>	\$4,935,000		

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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) Kiodex, Inc.	Signature 	Date 3/10/03
Name of Signer (Print or Type) Raj Vaswani	Title of Signer (Print or Type) VP, Operations & General Counsel	

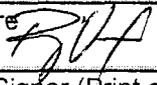
ATTENTION

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

Working capital	<input checked="" type="checkbox"/>	\$2,435,000	<input type="checkbox"/>	\$
Other (specify):Clinical trials, research and development	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
_____	<input type="checkbox"/>		<input type="checkbox"/>	
_____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals	<input checked="" type="checkbox"/>	\$4,935,000	<input type="checkbox"/>	\$
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/>	\$4,935,000		

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) Kiodex, Inc.	Signature 	Date 3/10/03
Name of Signer (Print or Type) Raj Vaswani	Title of Signer (Print or Type) VP, Operations & General Counsel	

ATTENTION

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