



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 table with OMB Number 3235-0076, Expires August 30, 2005, Estimated average burden 16.00 hours per form.

SEC USE ONLY table with Prefix and Serial fields.

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Electro-Optical Sciences, Inc.

1051514

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

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer



03025534

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Electro-Optical Sciences, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1 Bridge Street, Irvington, NY 10533 1-800-729-8849

Address of Principal Business Operations (if different from Executive Offices) Same as above. Telephone Number (Including Area Code)

Brief Description of Business Corporation formed to develop biomedical technologies and devices, for sale and distribution worldwide

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

PROCESSED JUN 30 2003

Actual or Estimated Date of Incorporation or Organization: 10/18 9/17 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) DE

THOMSON FINANCIAL

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. 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.

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. 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.

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 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)

Health Partners I

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

124 East 72nd Street, New York, New York 10021

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

Full Name (Last name first, if individual)

Elbaum, Marek, Ph. D.

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Rosenthal, Carla

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

4700 Simpson Road, Temple Hills, MD 20748

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

Full Name (Last name first, if individual)

Castleman, Breaux

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Friedman, Robert J., M.D.

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Lufkin, Dan W.

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Simon, John

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

1 Bridge Street, Irvington, NY 10533

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 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)

Braginsky, Sidney

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Chryssis, George

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Jacobs, Adam

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Bronner, William

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

1 Bridge Street, Irvington, NY 10533

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

Full Name (Last name first, if individual)

Miyazaki, Koji

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

18-4 3 Chome Takaban Meguroku, Tokyo, Japan

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

Full Name (Last name first, if individual)

Arcadian Venture Partners

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

101 Kings Grant Road, Weston, Ma 02493

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

Full Name (Last name first, if individual)

Sikora, Adam

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

3051 Edwin Avenue, Apt. 4B, Fort Lee, NJ 07024

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 no minimum
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)

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]

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

Debt.....

Equity.....

Common Preferred

Convertible Securities (including warrants).....

Partnership Interests (Limited).....

Other (Specify:).....

Total.....

Aggregate Offering Price	Amount Already Sold
\$ 0	\$ 0
\$5,704,999	\$2,005,000
\$ *	\$ 0
\$ 0	\$ 0
\$ 0	\$ 0
\$5,704,999	\$2,005,000

***Warrants to purchase 1,150,442 shares of common stock at an exercise price of \$2.26 per share.**

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."

Accredited Investors.....

Non-accredited Investors.....

Total (for filings under Rule 504 only).....

Number Investors	Aggregate Dollar Amount Of Purchases
29	\$2,005,000
0	\$ 0
N/A	\$ N/A

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, 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.

Type of offering

Rule 505.....

Regulation A.....

Rule 504.....

Total.....

Type of Security	Dollar Amount Sold
N/A	\$ N/A

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.....

Printing and Engraving Costs.....

Legal Fees.....

Accounting Fees.....

Engineering Fees.....

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify) (travel, postage, misc.).....

Total.....

\$ 0
\$ 0
\$ 225,000
\$ 0
\$ 0
\$ 0
\$ *
\$ 225,000

***Non-monetary compensation to Finder: 150,000 shares of common stock, valued at \$.23 per share.**

5. * Enter the differences 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."

\$5,479,999

5. Indicate below the amount of the adjusted gross proceeds to the issuer or proposed to be used for each of the purposes shown. If the amount of 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 - Questions 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 type="checkbox"/>	\$ <u>-0-</u>
Working capital	<input checked="" type="checkbox"/>	\$5,479,999	<input type="checkbox"/>	\$ <u>-0-</u>
Other (specify):	<input type="checkbox"/>	\$ <u>-0-</u>	<input type="checkbox"/>	\$ <u>-0-</u>
Column Totals	<input checked="" type="checkbox"/>	\$5,479,999	<input type="checkbox"/>	\$ <u>-0-</u>
Total Payments Listed (column totals added).....	<input checked="" type="checkbox"/> \$5,479,999			

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) Electro-Optical Sciences, Inc.	Signature 	Date June 2, 2003
Name of Signer (Print or Type) Marek Elbaum, Ph. D.	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.)