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FORM D	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549	OMB APPROVAL
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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.)
Series C Preferred Stock

Filing Under (Check box(es) that apply): : Rule 504: Rule 505 :/X/ Rule 506 : Section 4(6) : ULOE
Type of Filing: : New Filing : /X/ Amendment

A. BASIC IDENTIFICATION DATA

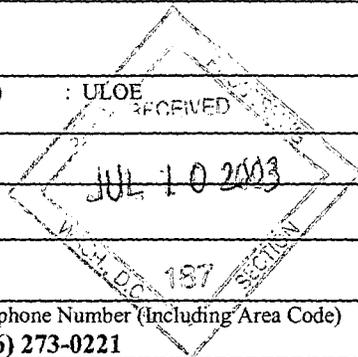
1. Enter the information requested about the issuer

Name of Issuer (: check if this is an amendment and name has changed, and indicate change.)
ImpactRx, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
307 Fellowship Road, Suite 300, Mt. Laurel, NJ 08054 (856) 273-0221

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 **A promotion research organization, which assists the pharmaceutical industry in evaluating the efficacy of its promotional efforts with respect to high volume prescribing physicians.**



Type of Business Organization
: /X/ corporation : limited partnership, already formed : other (please specify): **JUL 14 2003**
: business trust : limited partnership, to be formed

THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization: Month Year :/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)

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 photocopied 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 change 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 UL 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 state 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)

Gallivan, Gerald

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

c/o ImpactRx, Inc., 307 Fellowship Road, Suite 300, Mt. Laurel, NJ 08054

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

Full Name (Last name first, if individual)

Altus, Richard

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

c/o ImpactRx, Inc., 307 Fellowship Road, Suite 300, Mt. Laurel, NJ 08054

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

Full Name (Last name first, if individual)

Mediphase Venture Partners Limited Partnership

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

2150 Washington Street, Suite 200, Newton, MA 02462

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

Full Name (Last name first, if individual)

Mediphase Venture Partners II Limited Partnership

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

2150 Washington Street, Suite 200, Newton, MA 02462

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

Full Name (Last name first, if individual)

Oxford Bioscience Partners III L.P.

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

222 Berkeley Street, Suite 1650, Boston, MA 02116

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)

MRNA Fund L.P.

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

222 Berkeley Street, Suite 1650, Boston, MA 02116

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

Full Name (Last name first, if individual)

Miller, Lawrence G.

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

c/o Mediphase Venture Partners II Limited Partnership, 2150 Washington Street, Suite 200, Newton, MA 02462

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

Full Name (Last name first, if individual)

Carthy, Mark P.

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

c/o Oxford Bioscience Partners, 222 Berkeley Street, Suite 1650, Boston, MA 02116

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

Full Name (Last name first, if individual)

Allen, Jeremy

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

c/o ImpactRx, Inc., 307 Fellowship Road, Suite 300, Mt. Laurel, NJ 08054

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

Full Name (Last name first, if individual)

Merck Capital Ventures, LLC

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

101 Paragon Drive, Montvale, NJ 07645

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

Full Name (Last name first, if individual)

Per Lofberg

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

c/o Merck Capital Ventures, LLC, 101 Paragon Drive, Montvale, NJ 07645

B. INFORMATION ABOUT OFFERING

- | | | |
|---|------------|------------|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | : | :/X/ |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual?..... | \$ | <u>N/A</u> |
| 3. Does the offering permit joint ownership of a single unit?..... | Yes | No |
| | :/X/ | : |
| 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. | N/A | |

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]

Sales Commission (specify finders' fees separately) : \$ _____
 Other Expenses (identify) : \$ _____
 Total..... /X/: **\$150,000**

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." **\$12,850,005.00**

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, and Affiliates	Payments to Others
Salaries and fees	: \$ _____	: \$ _____
Purchase of real estate.....	: \$ _____	: \$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	: \$ _____	/X/: \$4,000,000
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/: \$150,000	/X/: \$8,700,005.00
Other (specify): _____	: \$ _____	: \$ _____
_____	: \$ _____	: \$ _____
Column Totals	/X/: \$150,000	/X/: \$12,850,005.00
Total Payments Listed (column totals added).....	/X/: \$12,850,005.00	

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)	Signature 	Date June 25, 2003
ImpactRx, Inc.		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Richard Altus	Chief Financial Officer	