FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.G. 20549



03030521

FØRM D

NOTICE OF SALE/OF SECURITIES PURSUANT TO REGULATIO

SECTION 4(6) AND OF UNIFORM LIMITED OFFERING

AUG 27 2003

RECD 8.2.0

QMB Number:

Expires:

3235-0076

May 31, 2005

Estimated average burden Hours per response

16.00

SEC USE ONLY									
Prefix Serial									
D.	ATE RECEIV	ED							

Name of Offering (check if this is an amendmen SMARTIRE SYSTEMS INC. (the "Company Private placement of 2,729,486 shares of con at \$0.13 per share and \$957 in accrued interests.)	,") nmon stock issued upon	conversion of \$35	6,111 of indebted	ness under conve	rtible debentures
Filing Under (Check box(es) that apply):	□ Rule 504	□ Rule 505	■ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: ■ New Filing	☐ Amendment				0.05055
	A. BASIC IDENTI	FICATION DATA		PR	OCF22E
1. Enter the information requested about the issuer	•				UG 27 2003
Name of Issuer (☐ check if this is an amendment a <i>SMARTIRE SYSTEMS INC.</i>	nd name has changed, and i	ndicate change)		7	THOMSON
Address of Executive Offices	(Number and Street,	City, State, Zip Code	e) Telephone Nun	nber (Including Are	a Code)
Suite 150, 13151 Vanier Place, Richmond, B	ritish Columbia V6V 2J.	1	(604) 276-988	84	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street,	City, State, Zip Code	e) Telephone Nun	nber (Including Are	a Code)
same as above	<u>.</u>		(604) 276-988	84	
Brief Description of Business					
The Company is engaged in developing and mark reliability and fuel efficiency.	keting technically advanced	l tire monitoring sys	tems designed for i	mproved vehicle sa	fety, performance,
Type of Business Organization					
■ corporation	☐ limited partnership, all	eady formed	☐ other (pleas	se specify)	
□ business trust	☐ limited partnership, to	be formed			
Actual or Estimated Date of Incorporation or Organ	nization Month 0 9	Year 19 8	7 v Actual	☐ Estimate	ed
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.

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 form 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 the 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 IDEN	TIFICATION DATA		
• Each beneficial owr issuer;	e issuer, if the issuer having the pow	her has been organized within her to vote or dispose, or dire corporate issuers and of corp	ct the vote or disposition of,		ass of equity securities of the hip issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Rudman, Robert	individual)	·			
Business or Residence Address #150 – 13151 Vanier Place			, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Bolegoh, John	individual)				
Business or Residence Address #150 – 13151 Vanier Place	•	•	, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Kozak, Allan	individual)				
Business or Residence Address #150 – 13151 Vanier Place	•		, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Gannon, Martin Business or Residence Address #150 – 13151 Vanier Place	•		, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Cronin, William Business or Residence Address	cs (Number and St	treet City State 7in Code)			
#150 – 13151 Vanier Place	•	• • • • • •	, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Finkelstein, Jeff	individual)				
Business or Residence Address	ss (Number and St	treet, City, State, Zip Code)			
#150 – 13151 Vanier Plac	e, Richmond, Br	itish Columbia, V6V 2J1	, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				

Bartz, Erwin

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

#150 - 13151 Vanier Place, Richmond, British Columbia, V6V 2J1, Canada

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 i	ndividual)			· · · · · · · · · · · · · · · · · · ·	_
Lammers, Shawn					
Business or Residence Address	Number and Stre	eet, City, State, Zip Code)			
#150 - 13151 Vanier Place	, Richmond, Brit	tish Columbia, V6V 2J1,	, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	-			
Johnny Christiansen					
Business or Residence Address	(Number and Stre	eet, City, State, Zip Code)			
#150 - 13151 Vanier Place	, Richmond, Brit	ish Columbia, V6V 2J1,	, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
John Taylor-Wilson					
Business or Residence Address	(Number and Stre	eet, City, State, Zip Code)			
#150 - 13151 Vanier Place, R	ichmond, British (Columbia, V6V 2J1, Canad	la		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	Number and Street	eet, 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 i	individual)				
Business or Residence Address	(Number and Stre	eet, 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 i	ndividual)				
Business or Residence Address	s (Number and Str	eet, 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 i	ndividual)				
Business or Residence Address	(Number and Stre	eet, City, State, Zip Code)			
	(Use blank	sheet, or copy and use add	itional copies of this sheet, a	is necessary.)	······································

					B. II	NFORMAT	ION ABOU	T OFFERI	NG				
								<u> </u>				Yes	No
1. I	Has the	issuer sold,	or does the	issuer intend	to sell, to n	on-accredite	d investors	n this offeri	ng?				
	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			
		22.1		1.								Yes	No
	3. Does the offering permit joint ownership of a single unit?												
) (or simillisted is of the baset forth	ar remunera an associat roker or dea the inform	tion for soli- ed person or ller. If more ation for tha	for each per citation of pu agent of a b than five (5 t broker or d	rchasers in roker or dea persons to	connection ler registere	with sales of d with the S	securities in EC and/or w	n the offering with a state or	g. If a person states, list t	n to be he name		
	Name (I	Last name fi	rst, if indivi	dual)									
N/A													
	iess or l	Residence A	ddress (Nu	mber and Sti	reet, City, St	tate, Zip Coo	de)						
N/A													
Name	of Ass	ociated Bro	ker or Deale	er ·									
<u> </u>		• • • •		12.24									
-				folicited or In									A 11 Ca
•				ual States)									All States
[A]	_	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
_	L] 4T]	[IN]	[IA]	[KS]	[KY]	[LA] [NM]	[ME]	[MD] [NC]	[MA] [ND]	[MI] {OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[R	-	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	[NY] [VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			rst, if indivi		[1A]	[01]	[, 1]	[473]	[WA]	[(())	Lvvij	[** 1]	[1 10]
N/A	vanie (1	zast name n	isi, ii iiidivi	adary									
	ness or l	Residence A	Address (Nu	mber and Sti	eet, City, Si	tate. Zin Coo	 te)						
N/A			(,,,	, ,	,						
	of Ass	sociated Bro	ker or Deale	er									
N/A													
States	s in Wh	ich Person	Listed Has S	olicited or In	ntends to So	licit Purchas	sers						
(Chec	ck "All	States" or c	heck individ	ual States)			*******				• • • • • • • • • • • • • • • • • • • •	🗖 2	All States
` [A		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	[T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	RI] .	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full 1	Name (I	_ast name fi	rst, if indivi	dual)						•			
N/A													
Busin	iess or l	Residence A	Address (Nu	mber and Sti	eet, City, S	tate, Zip Coo	de)						
N/A													
Name	of Ass	sociated Bro	ker or Deale	er									
.N/A													
States	s in Wh	ich Person	Listed Has S	Solicited or I	ntends to So	licit Purcha	sers						
(Chec	ck "All	States" or c	heck individ	ual States)							•••••	🗆 .	All States
[A		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1]		[IN]	[JA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
{M	_	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(F	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 US	E OF	PROCEEDS		-
	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 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 2,729,486 shares of common stock	* \$	257.069	\$- \$	
	□ Common □ Preferred	⁹ —	357,068	Φ_	357,068
	Convertible Securities (including warrants)	 \$	<i>0</i>	e	0
	Partnership Interests	ъ -		ф-	
	·	•	0		<u> </u>
	Other (Specify)	p	0	-	0
	Total	» <u> </u>	357,068	\$_	357,068
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."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors	_	3	\$_	357,068
	Non-accredited Investors	_	0	\$_	0
	Total (for filings under Rule 504 only)		N/A	\$_	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. 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		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504	-	N/A	\$	N/A
	Total		N/A	\$	N/A
1 .	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.		7,472	`-	1,772
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs			\$	
	Legal Fees			\$_	
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total			\$	0
	b. Enter the difference between the aggregate offering price given in response to Part C – Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross				
	proceeds to the issuer."			\$	<i>357,068</i>

	C. OFFERING PR	CE, NUMBER OF INVESTORS, EXPENSES AND	USE OF	PROCEEDS		
5.	each of the purposes shown. If the amount for	ss proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted se to Part C – Question 4.b. above.				
				Payments to		
				Officers, Directors, &		Payments
				Affiliates		To Others
			· -		- \$_	
					- \$_	
	· · · · · · · · · · · · · · · · · · ·	on of machinery and equipment	□\$_		- \$	
	Acquisition of other businesses (included may be used in exchange for the assets	ing the value of securities involved in this offering that or securities of another issuer pursuant to a merger)	□ \$		\$	
	Repayment of indebtedness	,			-	
	Working capital			- <u> </u>		
	Other (specify) Conversion of \$356,1 \$0.13 per share and accrued interest of	11 in indebtedness under convertible debentures at of \$957 at \$0.22 per share			_	
	Column Totals					357,068
	Total Payments Listed (column totals a	dded)		s		068
		D. FEDERAL SIGNATURE				
100	e issuer has duly caused this notice to be signe astitutes an undertaking by the issuer to furnish mished by the issuer to any non-accredited inve	d by the undersigned duly authorized person. If this notice to the U.S. Securities and Exchange Commission, upon estor pursuant to paragraph (b)(2) of Rule 502.	ce is filed written r	d under Rule 505, t equest of its staff,	he follov the infor	ving signature nation
ss	uer (Print or Type)	Signature	Date			
SA	MARTIRE SYSTEMS INC.	Joff Zikelit	August	<u>26</u> , 2003		
Na	me of Signer (Print or type)	Ture of Signer (Print or Type)				
Iej	ff Finkelstein	Chief Financial Officer				
		ATTENTION				
	Intentional misstatements or o	missions of fact constitute federal criminal	violetic	ns (Soo 19 II	S C 10	101)
	intentional misstatements of 0	missions of fact constitute federal criminal	, want	ms. (Dec 10 0.	J. V. I	,,,,,

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.2 provisions of such rule?	52(c), (d), (e) or (f) presently subject to any of th	e disqualification	Yes	No ■
		See Appendix, Column 5, for state re	esponse.		
2.	The undersigned issuer hereby undertak 239.500) at such times as required by st	tes to furnish to any state administrator of any state law.	ate in which this notice is	s filed, a notice of	Form D (17 CFR
3.	The undersigned issuer hereby undertak	tes to furnish to the state administrators, upon wr	itten request, informatio	n furnished by the	e issuer to offerees.
4.		he issuer is familiar with the conditions that mus h this notice is filed and understands that the issu been satisfied.			
	e issuer has read this notification and kno horized person.	ws the contents to be true and has duly caused th	is notice to be signed on	its behalf by the	undersigned duly
Iss	uer (Print or Type)	Signatyre h	Date	-	
Sn	narTire Systems Inc.	If Litelati	August	2 {_, 2003	
Na	me of Signer (Print or type)	Title of Signer (Print or Type)			
Je	f Finkelstein	Chief Financial Officer			

Instruction:

Print the name and title of the signing representative under this 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	3	3 4						
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)	Туре о	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E – Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredit ed Investors	Amount	Yes	No	
AL		x		Nil	Nil	Nil	Nil		x	
AK		x		Nil	Nil	Nil	Nil		x	
AZ		x		Nil	Nil	Nil	Nil		x	
AR		x		Nil	Nil	Nil	Nil		х	
CA		х		Nil	Nil	Nil	Nil		x	
СО		x		Nil	Nil	Nil	Nil		x	
СТ		x		Nil	Nil	Nil	Nil		x	
DE		x		Nil	Nil	Nil	Nil		x	
DC		х		Nil	Nil	Nil	Nil		x	
FL		x		Nil	Nil	Nil	Nil		x	
GA		х		Nil	Nil	Nil	Nil		х	
HI		x		Nil	Nil	Nil	Nil		x	
ID		х		Nil	Nil	Nil	Nil		x	
IL		х		Nil	Nil	Nil	Nil		X	
IN		x		Nil	Nil	Nil	Nil		x	
1A		x		Nil	Nil	Nil	Nil		x	
KS		х		Nil	Nil	Nil	Nil		x	
KY		x		Nil	Nil	Nil	Nil		х	
LA		X		Nil	Nil	Nil	Nil		x	
ME		x		Nil	Nil	Nil	Nil		x	
MD		x		Nil	Nil	Nil	Nil		x	
MA		x		Nil	Nil	Nil	Nil		x	
MI		x		Nil	Nil	Nil	Nil		х	
MN		x		Nil	Nil	Nil	Nil		х	

Page 1

MS	x		Nil	Nil	Nil	Nil	x
мо	x		Nil	Nil	Nil	Nil	x
MT	X		Nil	Nil	Nil	Nil	х
NE	x		Nil	Nil	Nil	Nil	x
NV	x		Nil	Nil	Nil	Nil	x
NH	x		Nil	Nil	Nil	Nil	x
NJ	x		Nil	Nil	Nil	Nil	x
NM	x		Nil	Nil	Nil	Nil	x
NY	x	shares of common stock issued upon conversion of \$111,111 of indebtedness outstanding under convertible debentures at \$0.13 per share	1	854,700	Nil	Nil	х
NC	x		Nil	Nil	Nil	Nil	x
ND	x		Nil	Nil	Nil	Nil	x
ОН	x		Nil	Nil	Nil	Nil	х
ок	x		Nil	Nil	Nil	Nil	x
OR	X		Nil	Nil	Nil	Nil	x
PA	х		Nil	Nil	Nil	Nil	х
RI	x		Nil	Nil	Nil	Nil	х
SC	X		Nil	Nil	Nil	Nil	х
SD	x		Nil	Nil	Nil	Nil	х
TN	x		Nil	Nil	Nil	Nil	х
TX	x		Nil	Nil	Nil	Nil	х
UT	X		Nil	Nil	Nil	Nil	х
VT	X		Nil	Nil	Nil	Nil	х
VA	x		Nil	Nil	Nil	Nil	х
WA	x		Nil	Nil	Nil	Nil	х
wv	x		Nil	Nil	Nil	Nil	x
WI	x		Nil	Nil	Nil	Nil	х
WY	X		Nil	Nil	Nil	Nil	x
PR	x		Nil	Nil	Nil	Nil	x

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