

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 OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response ..... 16.00

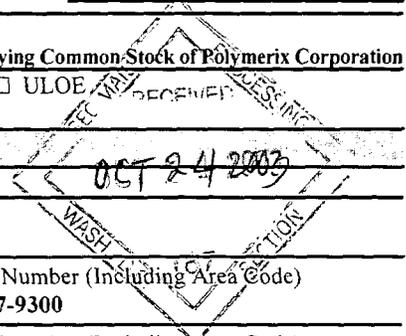
SEC USE ONLY Prefix Serial DATE RECEIVED



Name of Offering ( ) check if this is an amendment and name has changed and indicate change.) Series B-1 Participating Preferred Stock, Series B-2 Redeemable Preferred Stock, Series C Preferred Stock and underlying Common Stock of Polymerix Corporation 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

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.) Polymerix Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 10 Knightsbridge Road, Piscataway, New Jersey 08854 (732) 457-9300 Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Brief Description of Business Specialty pharmaceutical company.



PROCESSED OCT 24 2003

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

THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization: Month 06 Year 00 (x) Actual ( ) Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D E 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 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 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 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 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 partner of partnership issuers.

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

Full Name (Last name first, if individual)

**Giroux, Karen J., PhD**

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

**10 Knightsbridge Road, Piscataway, New Jersey 08854**

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

Full Name (Last name first, if individual)

**Ostro, Mark J., PhD**

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

**TL Ventures, 700 Building, 435 Devon Park Drive, Wayne, PA 19087-1990**

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

Full Name (Last name first, if individual)

**Goldscheider, Robert**

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

**16490 Maddalena Place, Delray Beach, Florida 33446**

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

Full Name (Last name first, if individual)

**Ghai, Vipon**

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

**Manulife Capital, 200 Bloor Street East, North Tower – 6th Floor, Toronto, Ontario M4W-1E5**

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

Full Name (Last name first, if individual)

**Rutgers University**

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

**3 Rutgers Plaza, Room 348, New Brunswick, New Jersey 08901**

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

Full Name (Last name first, if individual)

**Uhrich, Kathryn E., PhD**

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

**Wright-Rieman Laboratories, 610 Taylor Road, Piscataway, New Jersey 08854-8087**

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

Full Name (Last name first, if individual)

**Walmsley, Peter N.**

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

**AMT Venture Funds, Inc., 350 Pensacola Beach Blvd., Suite 3, P.O. Box 250, Gulf Breeze, Florida 32561-0250**

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

**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 Partner and/or Managing Partner

Full Name (Last name first, if individual)

**Giannuzzi, John**

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

**c/o Sherbrooke Capital Health and Wellness, L.P., 2344 Washington Street, Newton Lower Falls, Massachusetts 02460**

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

Full Name (Last name first, if individual)

**AMT Capital, LTD.**

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

**5220 Spring Valley Road, Suite 600, Dallas, Texas 75240**

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

Full Name (Last name first, if individual)

**Manulife Capital**

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

**200 Bloor Street East, North Tower – 6th Floor, Toronto, Ontario M4W-1E5**

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

Full Name (Last name first, if individual)

**Boston Scientific Corporation**

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

**One Boston Scientific Place, Natick, Massachusetts 01760-1537**

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

Full Name (Last name first, if individual)

**Sherbrooke Capital Health and Wellness, L.P.**

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

**2344 Washington Street, Newton Lower Falls, Massachusetts 02460**

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

Full Name (Last name first, if individual)

**Butz, Robert F.**

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

**Five Colonial Court, Skillman, New Jersey 08558**

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

Full Name (Last name first, if individual)

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

(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 .....	\$ <u>10,695,124*</u>	\$ <u>8,445,124*</u>
<input checked="" type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants) (Series B-1, B-2 and Series C Preferred Stock) .....	\$ <u>10,695,124</u>	\$ <u>8,445,124**</u>
Partnership Interests .....	\$ _____	\$ _____
Other (Specify: _____) .....	\$ _____	\$ _____
Total .....	\$ <u>10,695,124</u>	\$ <u>8,445,124**</u>

Answer also in Appendix, Column 3, if filing under ULOE.

\*Represents value of Common Stock and Series B-2 Preferred Stock issuable upon conversion.

\*\*Includes \$1,445,124 of Preferred Stock issued upon conversion of indebtedness.

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 of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<u>10</u>	\$ <u>8,445,124</u>
Non-accredited Investors .....	_____	\$ _____
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, 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	Not Applicable	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 .....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ _____
Legal Fees .....	<input checked="" type="checkbox"/>	\$ <u>50,000</u>
Accounting Fees .....	<input type="checkbox"/>	\$ _____
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"/>	\$ <u>50,000</u>

**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." .....

\$ 9,200,000\*

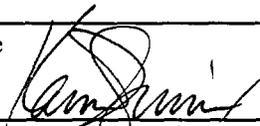
\*Represents cash proceeds less expenses.

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"/> \$	<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 type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>9,200,000</u>
Other (specify): .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Column Totals.....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>9,200,000</u>
Total Payments Listed (column totals added) .....		<input checked="" type="checkbox"/> \$ <u>9,200,000</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) <b>POLYMERIX CORPORATION</b>	Signature 	Date <b>October 21, 2003</b>
Name of Signer (Print or Type) <b>Karen J. Giroux, PhD</b>	Title of Signer (Print or Type) <b>Chief Executive Officer</b>	

**ATTENTION**

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