

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 Manager

Full Name (Last name first, if individual)

Maroney, Charles T.

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

c/o Coalescent Surgical, Inc., 559 East Weddell Drive, Sunnyvale, California 94089

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

Full Name (Last name first, if individual)

Gardiner, M.D., Barry N.

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

5201 Norris Canyon Road, Suite 120, San Ramon, CA 94583

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

Full Name (Last name first, if individual)

McDonald, Paul Thomas

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

c/o Coalescent Surgical, Inc., 559 East Weddell Drive, Sunnyvale, California 94089

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

Full Name (Last name first, if individual)

Stroy, Gary

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

c/o Pacven Walden Ventures, 750 Battery Street, 7th Floor, San Francisco, CA 94111

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

Full Name (Last name first, if individual)

Moll, M.D., Fred

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

c/o Intuitive Surgical, Inc., 1340 W. Middlefield Road, Mountain View, California 94043

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

Full Name (Last name first, if individual)

Robertson, Rebecca D.

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

c/o Institutional Venture Partners, 3000 Sand Hill Road, Bldg. 2, Suite 290

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

Full Name (Last name first, if individual)

Shaffer, G. Gary

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

c/o Morgenthaler Venture Partners V, 2730 Sand Hill Road, Suite 280, Menlo Park, CA 94025

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

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 Manager

Full Name (Last name first, if individual)

Bird, Jeffrey W.

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

c/o Three Arch Partners, 2800 Sand Hill Road, Suite 270, Menlo Park, CA 94025

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

Full Name (Last name first, if individual)

Three Arch Management III, L.L.C.

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

2800 Sand Hill Road, Suite 270, Menlo Park, CA 94025

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

Full Name (Last name first, if individual)

Morgenthaler Management Partners V, LLC

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

2730 Sand Hill Road, Suite 280, Menlo Park, CA 94025

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

Full Name (Last name first, if individual)

Institutional Venture Management VII, L.P.

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

3000 Sand Hill Road, Bldg. 2 Suite 290, Menlo Park, CA 94025

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

Full Name (Last name first, if individual)

Pacven Walden Management V, Co., Ltd.

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

750 Battery Street, 7th Floor, San Francisco, CA 94111

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

Full Name (Last name first, if individual)

Flores, Marc

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

c/o Coalescent Surgical, Inc., 559 East Weddell Drive, Sunnyvale, CA 94089

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

Full Name (Last name first, if individual)

Schaller, Laurent

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

c/o Coalescent Surgical, Inc., 559 East Weddell Drive, Sunnyvale, CA 94089

(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 Manager

Full Name (Last name first, if individual)

Martin, Peter M.

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

c/o Coalescent Surgical, Inc., 559 East Weddell Drive, Sunnyvale, CA 94089

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

Full Name (Last name first, if individual)

Hall, Michael W.

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

c/o Latham & Watkins LLP, 135 Commonwealth Drive, Menlo Park, California 94025

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

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
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.)

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 (shares of Series E Preferred Stock).....	<u>\$5,000,000.00</u>	<u>\$1,999,961.22</u>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants)	<u>\$750,000.00</u>	<u>\$750,000.00</u>
Partnership Interests	<u>\$0.00</u>	<u>\$0.00</u>
Other (Specify _____)	<u>\$0.00</u>	<u>\$0.00</u>
Total.....	<u>\$5,750,000.00</u>	<u>\$2,749,961.22</u>

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.....	<u>42</u>	<u>\$2,749,961.22</u>
Non-accredited Investors	<u>0</u>	<u>\$0</u>
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	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"/>	<u>\$0.00</u>
Printing and Engraving Costs.....	<input type="checkbox"/>	<u>\$0.00</u>
Legal Fees.....	<input checked="" type="checkbox"/>	<u>\$30,000.00 (est.)</u>
Accounting Fees	<input type="checkbox"/>	<u>\$0.00</u>
Engineering Fees	<input type="checkbox"/>	<u>\$0.00</u>
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	<u>\$0.00</u>
Other Expenses (identify) <u>(Blue Sky Filing Fees)</u>	<input checked="" type="checkbox"/>	<u>\$950.00</u>
Total.....	<input checked="" type="checkbox"/>	<u>\$30,950.00 (est.)</u>

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."

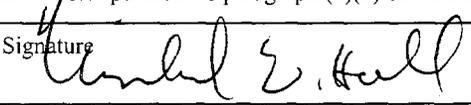
\$2,719,011.22

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"/> \$0.00
Purchase of real estate.....	<input type="checkbox"/> _____	<input type="checkbox"/> \$0.00
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> _____	<input type="checkbox"/> \$0.00
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> _____	<input type="checkbox"/> \$0.00
Acquisition of other business (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"/> \$0.00
Repayment of indebtedness.....	<input type="checkbox"/> _____	<input type="checkbox"/> \$0.00
Working capital.....	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> \$2,719,011.22
Other (specify): _____	<input type="checkbox"/> _____	<input type="checkbox"/> \$0.00
Column Totals.....	<input type="checkbox"/>	<input checked="" type="checkbox"/> \$2,719,011.22
Total Payments Listed (column totals added).....	<input checked="" type="checkbox"/> \$2,719,011.22	

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) Coalescent Surgical, Inc.	Signature 	Date March 11, 2004
Name of Signer (Print or Type) Michael W. Hall	Title of Signer (Print or Type) Secretary	

ATTENTION

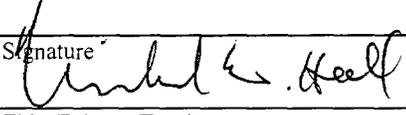
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Coalescent Surgical, Inc.	Signature 	Date March 11, 2004
Name (Print or Type) Michael W. Hall	Title (Print or Type) Secretary	

Instruction:

Print the name and title of the signing representative under his 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.

1	2		3	4				5	
	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)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Series E Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	\$3,144,497.40	33	\$1,822,878.90	0			X
CO									
CT									
DE									
DC									
FL		X	\$600.30	1	208.80	0			X
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

1	2		3	4				5	
	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)	Type of investor and amount purchased in State (Part C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series E Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ		X	\$2,917.46	1	\$1,014.42	0			X
NM									
NY		X	\$323,481.66	1	\$112,515.36	0			X
NC									
ND									
OH									
OK									
OR									
PA		X	\$179,367.63	3	\$62,387.70	0			X
RI									
SC									
SD									
TN									
TX		X	\$414.21	1	\$144.42	0			X
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									