

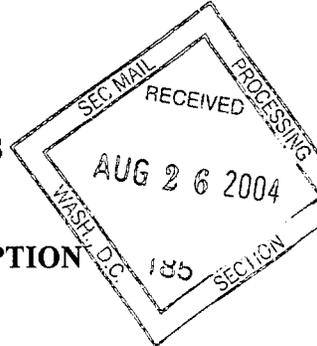
1301877

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

BEST AVAILABLE COPY



OMB APPROVAL	
OMB Number: 3235-0076	
Expires: May 31, 2002	
Estimated average burden hours per form.....1	
SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
EVERGREEN PRIVATE INVESTMENT FUNDS - GLOBAL MULTI-STRATEGY FUND, ACCREDITED, L.P.

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

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
EVERGREEN PRIVATE INVESTMENT FUNDS - GLOBAL MULTI-STRATEGY FUND, ACCREDITED, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code)
401 S. TRYON ST., TH5, CHARLOTTE, NC 28288 | (704) 383-1484

Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code)
(if different from Executive Offices)

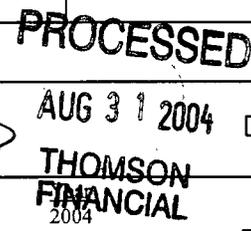


Brief Description of Business
FUND OF FUNDS/INVESTMENTS

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

Actual or Estimated Date of Incorporation or Organization: Month 6 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



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	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director / Trustee	<input checked="" type="checkbox"/> General and/or
Box(es) that	<input type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

EVERGREEN FPS, INC.

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

401 S. TRYON ST., TH5, CHARLOTTE, NC 28288

Check	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or
Box(es) that	<input checked="" type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

Anderson, Darlene K.

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

200 Berkeley Street, Boston, MA 02116-5022

Check	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or
Box(es) that	<input checked="" type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

Ballantine, Jacqueline A.

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

123 South Broad Street, Philadelphia, PA 19109

Check	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or
Box(es) that	<input checked="" type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

Baxter, Joseph

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

401 S. Tryon Street, Charlotte, NC 28202

Check	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or
Box(es) that	<input checked="" type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

Chepul, John

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

201 S. College Street, Charlotte, NC 28282

Check	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or
Box(es) that	<input checked="" type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

Curry, Barbara R.

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

201 S. College Street, Charlotte, NC 28282

Check	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or
Box(es) that	<input checked="" type="checkbox"/> Officer of Investment				Managing Partner
Apply:	Adviser				

Full Name (Last name first, if individual)

DeBerry, Jerry W.

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

301 S. Tryon Street, Charlotte, NC 28288

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Ferro, Dennis H.					
Business or Residence Address (Number and Street, City, State, Zip Code) 401 S. Tryon Street, Charlotte, NC 28202					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Koonce, Michael H.					
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Berkeley Street, Boston, MA 02116-5022					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Lapple, Barbara					
Business or Residence Address (Number and Street, City, State, Zip Code) 401 S. Tryon Street, Charlotte, NC 28202					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Lipsett, Lloyd					
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Berkeley Street, Boston, MA 02116-5022					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) McMullen, Jr., Donald A.					
Business or Residence Address (Number and Street, City, State, Zip Code) 301 S. College Street, Charlotte, NC 28202					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Mullis, Carol R.					
Business or Residence Address (Number and Street, City, State, Zip Code) 301 S. Tryon Street, TH5, Charlotte, NC 282888					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Munn, W. Douglas					
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Berkeley Street, Boston, MA 02116-5022					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Nakano, Yukari					
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Berkeley Street, Boston, MA 02116-5022					

Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Peppercorn, Kenneth J.					
Business or Residence Address (Number and Street, City, State, Zip Code) 401 S. Tryon Street, TH5, Charlotte, NC 28288					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Prickett, F. Daniel					
Business or Residence Address (Number and Street, City, State, Zip Code) 401 S. Tryon Street, Charlotte, NC 28202					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Roth, Leslie Karen					
Business or Residence Address (Number and Street, City, State, Zip Code) 77 West Wacker Drive, Chicago, IL 60601-1604					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Schwartz, William H.					
Business or Residence Address (Number and Street, City, State, Zip Code) 123 South Broad Street, Philadelphia, PA 19109					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Taback, Adam I.					
Business or Residence Address (Number and Street, City, State, Zip Code) 401 S. Tryon Street, Charlotte, NC 28202					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Wilson, Diane					
Business or Residence Address (Number and Street, City, State, Zip Code) 1901 Avenue of the Stars, Los Angeles, CA 90067-6001					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter <input checked="" type="checkbox"/> Officer of Investment Adviser	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
Full Name (Last name first, if individual) Yokley, Carolyn A.					
Business or Residence Address (Number and Street, City, State, Zip Code) 401 S. Tryon Street, Charlotte, NC 28202					

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? **NO MORE THAN 35** 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?..... \$ 250,000 w/the discretion of the General Partner to accept less.

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)

WACHOVIA SECURITIES, LLC

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

951 East Byrd Street, Richmond, Virginia 23219

Name of Associated Broker or Dealer

SAME

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]	[VA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

WACHOVIA BANK, N.A.

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

401 S. Tryon Street, TH5, Charlotte, North Carolina 28288

Name of Associated Broker or Dealer

SAME

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]	√[VA]	√[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]	[VA]	[WV]	[WI]	[WY]	[PR]

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	\$ 0	\$ 0
Equity	\$ 0	\$ 0
<input type="checkbox"/> Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ 0	\$ 0
Other (Specify Partnership Interests (not more than 499 beneficial owners))	More than \$ 100,000,000	More than \$100,000,000
Total	More than \$ 100,000,000	More than \$100,000,000

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	1	More than \$100,000,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$ 0

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"/>	\$ 0
Printing and Engraving Costs	<input checked="" type="checkbox"/>	\$ 2,000
Legal Fees	<input checked="" type="checkbox"/>	\$ 5,000
Accounting Fees	<input checked="" type="checkbox"/>	\$ 5,000
Engineering Fees	<input type="checkbox"/>	\$ 0
Sales Commissions (specify finders' fees separately)	<input checked="" type="checkbox"/>	\$ 10,000*
Other Expenses (Identify)	<input type="checkbox"/>	\$ 0
Total	<input checked="" type="checkbox"/>	\$ 22,000

*At initial launch date