

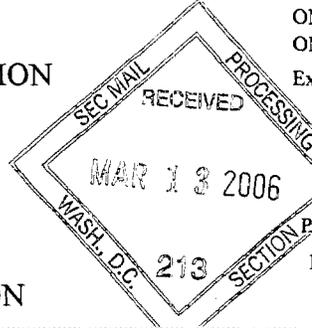
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ORIGINAL

FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005



SEC USE ONLY
Prefix Serial
DATE RECEIVED

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
PolyMedix, Inc. (formerly BTHC II Acquisition Corp.)

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



06027700

1. Enter the information requested about the issuer

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

PolyMedix, Inc. (formerly BTHC II Acquisition Corp.)

Address of Executive Offices (Number and Street, City, State, Zip Code)

3701 Market Street, Suite 442, Philadelphia, PA 19104
Telephone Number (Including Area Code) **(215) 966-6199**

PROCESSED

MAR 27 2006

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

THOMSON FINANCIAL

Brief Description of Business: BTHC II Acquisition Corp. currently has no liabilities, assets or business. Upon completion of the merger, BTHC will be the parent corporation of PolyMedix, Inc., a biotechnology company focused on treating infectious diseases with small molecule antibiotic drugs that mimic the natural antimicrobial activity of proteins.

Type of Business Organization

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

Month Year

Actual or Estimated Date of Incorporation or Organization: [0][3] [0][5] 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) [D] [E]

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 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 in the notice constitutes a part of this notice and must be completed.

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)
DeLape, Frank

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Benchmark Equity Group, 700 Gemini, Suite 100, Houston, TX 77058

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

Full Name (Last name first, if individual)
Benchmark Equity Group

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Benchmark Equity Group, 700 Gemini, Suite 100, Houston, TX 77058

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

Full Name (Last name first, if individual)
William Baquet

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Fordham Financial Management, Inc., 14 Wall Street, 18th Fl., New York, NY 10005

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

Full Name (Last name first, if individual)
Nicholas Landekic

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
Dawn Eringis

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
Richard Scott, Ph.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
Timothy Henkel, M.D. Ph.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
Michael Lewis, Ph.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
I. Wistar Morris, III

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
Frank Slattery, Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
William Kelley, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o PolyMedix, Inc., 3701 Market Street, Suite 442, Philadelphia, PA 19104

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

Full Name (Last name first, if individual)
Halter Financial Group, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
12890 Hilltop Road, Argyle, TX 76226

NOTE: The table above includes Frank DeLape, who was the sole officer and director of the Issuer until the first closing on November 8, 2005 and Frank DeLape, Halter Financial Group, Inc., William Baquet and Benchmark Equity Group, who were the principal stockholders (controlling persons) of the Issuer at the commencement of the Offering. All other persons listed above became controlling persons, executive officers and/or directors of the Issuer on November 8, 2005 upon the completion of the merger of the Issuer's newly formed subsidiary with PolyMedix, Inc.

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
[] [X]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$51,000*
*Unless waived by the Company.

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.

Full Name (Last name first, if individual)
Fordham Financial Management, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
14 Wall Street, New York, NY 10005

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) [X] All States (1)

[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]

(1) All States licensed by firm.

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) [X] 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]

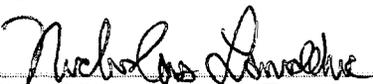
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted 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, Marketing	[] \$ _____	[] \$ _____
Purchase of real estate	[] \$ _____	[] \$ _____
Purchase, rental or leasing and installation of machinery and equipment	[] \$ _____	[] \$ _____
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.....	[] \$ _____	[] \$ _____
Other (specify): <u>Product Development</u>	[] \$ _____	[X] \$ 5,736,608(1)
<hr/>	[] \$ _____	[X] 12,190,608(1)
Column Totals	[] \$ _____	[X] \$ 17,926,900
Total Payments Listed (column totals added)	[X] \$ 17,926,900	

(1) a presently undetermined amount will be paid to officers, directors and affiliates as compensation.

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
PolyMedix, Inc.		3/1/06
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Nicholas Landekic	President	

(1) A presently undetermined amount may be utilized for salaries and other compensation of officers, directors and founders of the Company.

ATTENTION

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

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No
[] [X]

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)	Signature	Date
PolyMedix, Inc.	<i>Nicholas Landekic</i>	3/1/06
Name of Signer (Print or Type)	Title (Print or Type)	
Nicholas Landekic	President	

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.

NE								
NV	X	Common Stock	3	\$1,606,500	-0-	-0-		X
NH								
NJ	X	Common Stock	9	\$1,912,500	-0-	-0-		X
NM								
NY	X	Common Stock	39	\$2,077,500	-0-	-0-		X
NC	X	Common Stock	2	\$127,500	-0-	-0-		X
ND								
OH	X	Common Stock	7	\$331,500	-0-	-0-		X
OK								
OR								
PA	X	Common Stock	40	\$2,308,500	-0-	-0-		X
RI								
SC								
SD								
TN								
TX	X	Common Stock	4	\$714,000	-0-	-0-		X
UT								
VT								
VA	X	Common Stock	1	\$153,000	-0-	-0-		X
WA	X	Common Stock	4	\$357,000	-0-	-0-		X
WV								
WI								
WY								
PR								

<http://www.sec.gov/divisions/corpfin/forms/formd.htm>
Last update: 06/06/2002