

1307269

FORM D



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 table with OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per response: 16.00

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

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

Sale and Issuance of Series A Preferred Stock - Third Closing (including the shares of Common Stock issuable upon conversion of the Series A Preferred Stock)

Filing Under (Check box(es) that apply): Rule 504, Rule 505, X Rule 506, Section 4(6), ULOE. Type of Filing: New Filing, X Amendment No. 2 (1)



06060232

1. Enter the information requested about the issuer

Issuer information for Neosil, Inc. including address (5980 Horton Street, Suite 525, Emeryville, California 94608), telephone number (510) 547-3610, and business description (Biopharmaceutical Company)

Type of Business Organization: X corporation, limited partnership, already formed, other (please specify): PROCESSED

Actual or Estimated Date of Incorporation or Organization: 11/03, X Actual, Estimated. Jurisdiction of Incorporation or Organization: DE. 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. 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. Information Required: A new filing must contain all information requested. 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.

(1) This Form D is hereby amended to report the sale and issuance of additional shares of Series A Preferred Stock in the aggregate amount of \$11,000,000.

Persons who 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. SEC 1972 (6/02) 1 of 9

Handwritten signature

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)

Bauer, M.D., Eugene A

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

Burrill Life Sciences Capital Fund, L.P.

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

One Embarcadero Center, Suite 2700, San Francisco, CA 94111

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

Full Name (Last name first, if individual)

Dellio, Clarence L.

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

Dombkowski, Ph.D., Ashley

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

Hanham, Ph.D., Ann F.

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

MPM Bio Ventures III-QP, L.P.

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

111 Huntington Avenue, 31st Floor, Boston, MA 02199

(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 and/or Managing Partner

Full Name (Last name first, if individual)

Mundy, M.D., Gregory

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

Oclassen, Glenn

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

Osteoscreen, Ltd.

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

2040 Babcock Road, Suite 2001, San Antonio, Texas 78299

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

Full Name (Last name first, if individual)

Shalon, Tadmor

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

Full Name (Last name first, if individual)

Simon, III, Nicholas J.

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

5980 Horton Street, Suite 525, Emeryville, California 94608

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

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 and/or Managing Partner

Full Name (Last name first, if individual)

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

B. INFORMATION ABOUT OFFERING

- | | | |
|---|-------------------------------------|-------------------------------------|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual?..... | \$1.00/share | |
| | Yes | No |
| 3. Does the offering permit joint ownership of a single unit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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)

N/A

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.)

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>\$32,400,000.00</u>	<u>\$32,100,000.00 (1)</u>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Series A Preferred Stock		
Convertible Securities (including warrants).....	_____	_____
Partnership Interests.....	_____	_____
Other (Specify _____).....	_____	_____
Total.....	<u>\$32,400,000.00</u>	<u>\$32,100,000.00 (1)</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>11</u>	<u>\$32,100,000.00 (1)</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	Type of Security	Dollar Amount Sold
Rule 505.....	<u>N/A</u>	_____
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>\$100,000.00</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>\$100,000.00</u>

(1) This Form D is hereby amended to report the sale and issuance of additional shares of Series A Preferred Stock in the aggregate amount of \$11,000,000.

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."

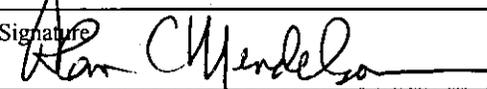
\$32,300,000.00

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 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"/> _____
Repayment of indebtedness.....	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Working capital	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>\$32,300,000.00</u>
Other (specify): _____ _____ _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
Column Totals	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Total Payments Listed (column totals added).....	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>\$32,300,000.00</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) Neosil, Inc.	Signature 	Date October 18, 2006
Name of Signer (Print or Type) Alan C. Mendelson	Title of Signer (Print or Type) Secretary	

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