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UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076

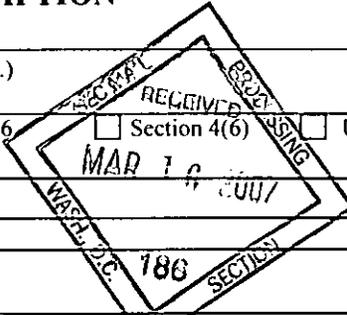
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FORM D

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.)  
**SpectRx, Inc. 13% convertible notes and warrants**

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.)  
**SpectRx, Inc.**

Address of Executive Offices (Number and Street, City, State, Zip Code) <b>4955 Avalon Parkway, Suite 300, Norcross, Georgia 30071</b>	Telephone Number (Including Area Code) <b>(770) 242-8723</b>
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)

Brief Description of Business - **The issuer is engaged in the development of intellectual property and associated technology in the area of biophotonics.**

Type of Business Organization

corporation  limited partnership, already formed  other (please specify): **B**

business trust  limited partnership, to be formed

PROCESSED

MAR 20 2007

Actual or Estimated Date of Incorporation or Organization: Month Year **1 0 9 2**  Actual  Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: **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. 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 and/or Managing Partner

Full Name (Last name first, if individual)

**Imhoff, John**

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

**Cottage 441, 55 Rutledge Land, Sea Island, GA 31561**

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

Full Name (Last name first, if individual)

**Imhoff, Susan**

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

**Cottage 441, 55 Rutledge Land, Sea Island, GA 31561**

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

Full Name (Last name first, if individual)

**Musket, David**

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

**125 Cambridge Park Dr., Cambridge, MA 02140**

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

Full Name (Last name first, if individual)

**Abbott Laboratories**

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

**100 Abbott Park Road, Abbott Park, IL 60064**

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

Full Name (Last name first, if individual)

**Kurokawa, Barry**

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

**125 Cambridge Park Drive, Cambridge, MA 02140**

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

Full Name (Last name first, if individual)

**ProMed Management Entities**

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

**125 Cambridge Park Drive, Cambridge, MA 02140**

(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)

**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)

**Faupel, Mark L.**

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

**4955 Avalon Parkway, Suite 300, Norcross, GA 30071**

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

Full Name (Last name first, if individual)

**Zachary, Jr., William E.**

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

**4955 Avalon Parkway, Suite 300, Norcross, GA 30071**

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

Full Name (Last name first, if individual)

**Samuels, Mark A.**

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

**4955 Avalon Parkway, Suite 300, Norcross, GA 30071**

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

Full Name (Last name first, if individual)

**Arthur III, William D.**

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

**4955 Avalon Parkway, Suite 300, Norcross, GA 30071**

**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"/> Common <input type="checkbox"/> Preferred		
Convertible Debt Securities (including convertible notes and warrants) .....	\$ 4,738,633	\$ 4,738,633
Partnership Interests.....	\$ 0	\$ 0
Other: (Specify _____ )	\$ -0	\$ 0
<b>Total.....</b>	<b>\$ 4,738,633</b>	<b>\$ 4,738,633</b>

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 .....	56	\$ 4,738,633
Non-accredited Investors .....	0	\$ 0
<b>Total (for filings Under Rule 504 only) .....</b>	<b>N/A</b>	<b>N/A</b>

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.....	N/A	N/A
Regulation A.....	N/A	N/A
Rule 504.....	N/A	N/A
<b>Total.....</b>	<b>N/A</b>	<b>N/A</b>

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 type="checkbox"/>	\$ 42,366
Accounting Fees .....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (Specify finder's fees separately) <sup>1</sup> .....	<input type="checkbox"/>	\$ 312,342
Other Expenses (identify).....	<input type="checkbox"/>	\$ _____
<b>Total.....</b>	<input type="checkbox"/>	<b>\$ 354,708</b>

<sup>1</sup> The underwriters will also receive warrants equal to 6% of the aggregate principal amount of the offering.

**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.”

\$ 4,383,925

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.

	<input type="checkbox"/>		<input type="checkbox"/>	Payments to Officers, Directors, & Affiliates	<input type="checkbox"/>	Payments To Others
Salaries and fees .....	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Retirement of debt .....	<input type="checkbox"/>	\$	<u>930,795</u>	<input checked="" type="checkbox"/>	\$	<u>969,205</u>
Conversion of debt .....	<input type="checkbox"/>		<u>100,000</u>	<input checked="" type="checkbox"/>		<u>1,833,733</u>
Acquisition Fee.....	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Other (specify) <b>Working capital</b>	<input type="checkbox"/>	\$	<u>0</u>	<input checked="" type="checkbox"/>	\$	<u>550,192</u>
Column Totals	<input type="checkbox"/>	\$	<u>1,030,795</u>	<input checked="" type="checkbox"/>	\$	<u>3,353,130</u>
Total Payments Listed (column totals added)	<input type="checkbox"/>	\$	<u>4,383,925</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)	Signature	Date
<b>SpectRx, Inc.</b>		<u>3/14/07</u>
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
<b>Mark A. Samuels</b>	<b>Chief Executive Officer</b>	

**ATTENTION**

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

**END**