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**

APR 1 6 2007 UNIFORM LIMITED OFFERING EXEMPTION

April 30, 2008 Estimated average burden nours per response

OMB NUMBER:

Expires:

OMB APPROVAL

3235-0076

Name of Offering (⊠chèck if this is an a		name has chang	ged, and indicate of	change.)						
Offer and Sale of \$80,687,500, of Limited Pa	artner Interests									
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Section 4((6) . 🗆 U	LOE				
Type of Filing: ☐ New Filing	mendment									
	A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the	e issuer									
Name of Issuer (Check if this is an armo	endment and nar	ne has changed	, and indicate cha	nge.)						
FLAG Venture Partners VI (Offshore), L.P.		-								
Address of Executive Offices	(Num	her and Street.	City, State, Zip Co	ode) Teleph	one Numbe	r (Including Area Code)				
Century Yard, Cricket Square, Hutchins Dri				· ·	949-1040	· (,				
Cayman Islands, British West Indies		, 0		` `						
Address of Principal Business Operations	(Num	ber and Street,	City, State, Zip Co	ode) Teleph	one Numbe	r (Including Area Code)				
(if different from Executive Offices)			PROCE	SSED						
Brief Description of Business										
Investment fund focused on venture capital investments. APR 2 6 2007										
Town AD action O and action			EKOVS							
Type of Business Organization □ corporation	Eliminal man-	anabin almadı.	FINANC	Other (plea	:EA					
business trust		•		Ouler (pres	ase specify)	•				
U dusiness trust	Li minica parti	ersinp, to be for		Vans						
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	n: (Enter two-let		Month 0 2 Service abbreviati r foreign jurisdicti	ion for State:	l Actual	□ Estimated				

GENERAL INSTRUCTIONS

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.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state 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) Lawrence, L. Peter (Number and Street, City, State, Zip Code) **Business or Residence Address** 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 ☑ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Frazier, Diana H. Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 □ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Director Managing Partner Full Name (Last name first, if individual) Sciarretta, Louis **Business or Residence Address** (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 □ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Sullivan, Michael P. Business or Residence Address (Number and Street, City, State, Zip Code) One Beacon Street, 23rd Floor, Boston, MA 02108 ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Denious, Peter L **Business or Residence Address** (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902 □ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Bardorf, Michael R. Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, Soundview Plaza, 5th Floor, Stamford, CT 06902

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

☐ Promoter ☐ Beneficial Owner ☐ Executive Officer

(Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Business or Residence Address

Reed, Scott W.

Full Name (Last name first, if individual)

One Beacon Street, 23rd Floor, Boston, MA 02108

☑ General and/or

Managing Partner

□ Director

		A. BASIC IDENTII	FICATION DATA		
 Each beneficial owner is securities of the issuer; 	suer, if the issue having the power and director of co	r has been organized with the vote or dispose, or de orporate issuers and of c	irect the vote or disposit		re of a class of equity partnership issuers; and
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or ■ Managing Partner
Full Name (Last name first, if inc	lividual)				
Nelson, Eileen					
Business or Residence Address	(Nun	nber and Street, City, St	ate, Zip Code)	,	
1266 East Main Street, Soundvie	w Plaza, 5 th Floo	r, Stamford, CT 06902			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Gasperoni, James					
Business or Residence Address	(Nun	nber and Street, City, St	ate, Zip Code)		
One Beacon Street, 23rd Floor, Bo	oston, MA 0210	8			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or │ Managing Partner
Full Name (Last name first, if inc	lividual)				
Palmer, Alexis					
Business or Residence Address	(Nun	nber and Street, City, St	ate, Zip Code)		
1266 East Main Street, Soundvie	w Plaza, 5 th Floo	r, Stamford, CT 06902			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
FLAG Offshore GP, Ltd.					
Business or Residence Address	(Nun	nber and Street, City, St	ate, Zip Code)		

Century Yard, Cricket Square, Hutchins Drive, PO Box 2681 GT, George Town, Grand Cayman Cayman Islands, British West Indies

				B. INF	ORMATIC	N ABOU	r offeri	NG			V	NI-
1. Has the iss	suer sold, o	r does the is	ssuer intend	to sell, to	non accredi	ted investo	rs in this of	fering?		*********	Yes	No ⊠
	Ans	swer also in	Appendix,	Column 2,	if filing un	der ULOE.						
2. What is the minimum investment that will be accepted from any individual?								\$ <u>3,000,000*</u>				
*The General	Partner, in	its sole dis	cretion, ma	y accept a	lower invest	ment amou	ent.					
3. Does the o	ffering ner	mit ioint ou	unarchin of	a sinala un	ir2						Yes ⊠	No □
4. Enter the i											_	_
remuneration agent of a bro persons to be Full Name (L	for solicita ker or deal- listed are a	tion of pure er registere ssociated p	chasers in c d with the S ersons of st	onnection on SEC and/or	with sales of with a state	f securities or states, l	in the offer	ing. If a pe e of the bro	rson to be l ker or deale	listed is ar er. If mor	n associat e than fiv	ted person or re (5)
		.5., 17 111011	,									
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)	·					
Name of Asso	ociated Bro	ker or Deal	er		•		••					
States in Whi								<u></u> .				
•				•								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	(OK) [WI]	[OR] [WY]	
Full Name (La			· · · · · ·	[IA]	[OI]	[41]	[17]	[WA]	[** *]	[141]	[** 1]	[1 13]
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)					-	
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi					Solicit Purc							I All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	 [HI]	
[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]	
Full Name (La			idual)		•			• -	• •	•		•
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi						hasers	. <u>. </u>					All Con
(Check "/	All State" o [AK]	r check ind [AZ]	ividual Stat	les) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	All States [ID]
(IL)	[N]	[IA]	[KS]	[KY]	[LA]	[C1]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[1411]	(IVL)	ומטו	[TNI]	[TV]	(19191)	(MT)	[VA]	נאטן	(WW)	(UVI)	(WV)	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

al cl	Enter the aggregate offering price of securities included in this offering and the total amount lready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, heck this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
a	Type of Security	Aggregate Offering Price		nou	nt Already Sold
	Debt	\$ <u>0</u>		\$_	0
	Equity	\$ _0		\$_	0 _
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$ 0		c	0
	Partnership Interests			_	80,687,500
	Other (Specify)				0
	Total			_	80,687,500 _
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>00,001,000</u>		-P.	30,007,300 _
o th	Answer also in Appendix, Column 3, it iming under 02.02. Enter the number of accredited and non-accredited investors who have purchased securities in this ffering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate number of persons who have purchased securities and the aggregate dollar amount of their purchases in the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Do	Aggregate Ilar Amount f Purchases
	Accredited Investors	23*		\$ <u>8(</u>	0,687,500
	Non-accredited Investors	_0		S	0
	Total (for filings under Rule 504 only)	N/A		\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
S	f this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior of the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1	N	/ A		
	Type of offering	Type of	Dollar Amount		
	Rule 505	Security		\$	Sold
	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			s _	N/A
	Printing and Engraving Costs		X	\$ _	3,000
	Legal Fees		Ø	S _	56,000
	Accounting Fees	1	×	\$	7,000
	Engineering Fees			s _	N/A
	Sales Commissions (specify finders' fees separately)				N/A
	Other Expenses (identify) Blue Sky Filing Fees, telecopy, phone and other miscellaneous expenses		Ø	S	46,000
	Total		×	\$	112,000

^{*}This figure includes nine foreign investors in the amount of \$39,000,000.

1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			:	\$ <u>80,575,500</u>
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	I	Payments To Others
Salaries and fees	⊠	\$_*		\$ <u>0</u>
Purchase of real estate		\$_0		\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment		\$ _0		\$_0
Construction or leasing of plant buildings and facilities		\$ <u>0</u>		\$ <u>0</u>
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)		\$ _0		\$ <u>0</u>
Repayment of indebtedness		\$ _0		\$ <u>0</u>
Working Capital		\$ <u>0</u>		\$ <u>0</u>
Other (specify): Investment in venture capital investments.		\$ _0	Ø	\$ <u>**</u>
Column Totals	×	\$ *	×	\$ **

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

S80,575,500

Total Payments Listed (Column totals added)

Annual Management Fee to an affiliate, amount to be paid, number of years to be paid and extent to be paid out of adjusted gross proceeds unknown at this time.

^{**} Unknown at this time.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, 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 <u>Rule 502</u>.

Issuer (Print or Type)	Signature Date	_
FLAG Venture Partners VI (Offshore), L.P.	fittedown in 4/9/07	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	_
L. Peter Lawrence	Officer of FLAG Offishore GP, Ltd., the General Partner of the Issuer	