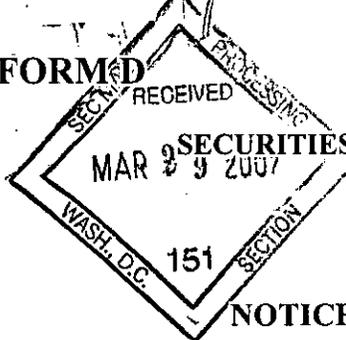


1395598

FORM D



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

PROCESSED

APR 09 2007

FORM D

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

OMB APPROVAL stamp with barcode and number 07050485

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

TCM DISTRESSED FUND (OFFSHORE) LTD. - COMMON SHARES

Filing Under (Check box(es) that apply): Rule 504, Rule 505, Rule 506, Section 4(6), ULOE

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.)

TCM DISTRESSED FUND (OFFSHORE) LTD.

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

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

Brief Description of Business Investing and trading securities for own account

Type of Business Organization: corporation, limited partnership, other (please specify): Cayman Islands exempted company

Actual or Estimated Date of Incorporation or Organization: Month 03, Year 07, Actual, Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN)

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where to File, Copies Required, Information Required, 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.

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.

# FORM D

## 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  Investment Manager

Full Name (Last name first, if individual)

**Troob Capital Management (Offshore) LLC**

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

**777 Westchester Avenue, Suite 203, White Plains, New York 10604**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Member of Investment Manager

Full Name (Last name first, if individual)

**Troob, Douglas M.**

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

**777 Westchester Avenue, Suite 203, White Plains, New York 10604**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Member of Investment Manager

Full Name (Last name first, if individual)

**Troob, Peter J.**

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

**777 Westchester Avenue, Suite 203, White Plains, New York 10604**

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)

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)

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)

**FORM D**

**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

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

2. What is the minimum investment that will be accepted from any individual ..... **\$1,000,000\***  
 \* Subject to the discretion of the Directors to accept lesser amounts (but not less than \$100,000)

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)

**Hamilton Miler Investments LLC**

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

**5350 South Roslyn Street, Suite 350, Greenwood Village, Colorado 80111**

Name of Associated Broker or Dealer

State 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]X	[CO]X	[CT]X	[DE]X	[DC]	[FL]X	[GA]X	[HI]	[ID]
[IL]X	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]X	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]X	[NM]	[NY]X	[NC]	[ND]	[OH]X	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]X	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

**Lyster Watson Management, Inc. / Lyster Watson Securities, Inc.**

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

**888 Seventh Avenue, 40th Floor, New York, NY 10019**

Name of Associated Broker or Dealer

State in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

[AL]	[AK]	[AZ]X	[AR]	[CA]X	[CO]	[CT]X	[DE]	[DC]X	[FL]X	[GA]	[HI]	[ID]
[IL]X	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]X	[MA]X	[MI]X	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]X	[NM]	[NY]X	[NC]X	[ND]	[OH]	[OK]	[OR]	[PA]X
[RI]	[SC]	[SD]	[TN]X	[TX]X	[UT]	[VT]X	[VA]X	[WA]X	[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

State 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 OR 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.....	\$ _____ *	\$ _____ 0
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (specify): .....	\$ _____	\$ _____
Total.....	\$ _____ *	\$ _____ 0

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.....	_____ 0	\$ _____ 0
Non-accredited Investors.....	_____ 0	\$ _____ 0
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 .....	_____	\$ _____
Regulation A .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
Total.....	_____	\$ _____

\* No minimum or maximum amount

**FORM D**

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

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 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 checked="" type="checkbox"/>	\$1,000 _____
Legal Fees .....	<input checked="" type="checkbox"/>	\$20,000 _____
Accounting Fees .....	<input checked="" type="checkbox"/>	\$2,000 _____
Engineering Fees .....	<input type="checkbox"/>	\$ _____
Sales Commissions (Specify finder's fees separately) .....	<input type="checkbox"/>	\$ _____
Other Expenses (identify) delivery, mailing, fax, telephone, transportation .....	<input checked="" type="checkbox"/>	\$1,000 _____
Total .....	<input checked="" type="checkbox"/>	\$24,000 _____

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." .....

\$ \_\_\_\_\_ \*

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.

			<b>Payments to Officers, Directors, &amp; Affiliates</b>		<b>Payments to Others</b>
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 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) ..	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	
Repayment of indebtedness .....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	
Working capital .....	<input checked="" type="checkbox"/>	\$ _____ *	<input type="checkbox"/>	\$ _____	
Other .....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	
Column Totals .....	<input checked="" type="checkbox"/>	\$ _____ *	<input type="checkbox"/>	\$ _____	
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/>	\$ _____ *			

\* No minimum or maximum amount

**FORM D**

**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) <b>TCM Distressed Fund (Offshore) Ltd.</b>	Signature <i>Douglas Troob</i>	Date <i>3/26/2007</i>
Name of Signer (Print or Type) <b>Douglas M. Troob</b>	Title (Print or Type) <b>Director</b>	

**ATTENTION**

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

**END**