1399415

FORM D UNITED STATES OMB APPROVAL
SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076
MAY 0 2 2007  FORM D  Expires: [April 30,2008] Estimated average burden bours per response 16 00
NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,  SEC USE ONLY Profix Profix Serial
Prefix Pursuant to regulation D,
SECTION 4(6), AND/OR DATE RECEIVED
VUNIFORM LIMITED OFFERING EXEMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
A.R.T. International Investors (USA) LLC Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Fiting:   New Filing   Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer 07054147
Name of Issuer ( Check if this is an amendment and name has changed, and indicate change.)
A.R.T. International Investors (USA) LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
500 Park Avenue, New York, NY 10022 212-593-7700
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  (Number and Street, City, State, Zip Code)
Brief Description of Business
Trading and investments
PROCESS.
Type of Business Organization
Type of Business Organization   limited partnership, already formed   corporation   limited partnership, to be formed   Limited Eablity company   MAY 1 6 2007
Month Year
Actual or Estimated Date of Incorporation or Organization: OTT 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)
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 predictated on the filling of a federal notice.

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2.	Enter the information	on requested i	for the foll	lowing:							
	<ul> <li>Each promote</li> </ul>	of the issuer	, if the iss	uer h <b>as</b>	been organized w	ithin (	the past five years;				
	<ul> <li>Each beneficia</li> </ul>	l owner havin	g the powe	er to vot	te or dispose, or dis	ect th	e vote or disposition (	of, 10	% or more o	fa clas	s of equity securities of the issuer.
	<ul> <li>Each executive</li> </ul>	e officer and	director of	corpor.	ate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
	Each general a	nd managing	partner of	partne	rship issuers.						
Che	ck Box(es) that Appl	y: 🔽 Pr	omoter	В	teneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
	Name (Last name fi		1회)								
	iness or Residence A D Park Avenue, Ne			Street, (	City, State, Zip Co	ode)					
Che	ck Box(es) that App	y: Pro	omoter	<b>Z</b> 8	leneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	Name (Last name fi snick, Aaron	rst, if individu	ai)					•			
	iness or Residence A Park Avenue, Ne		nber and S	Street, C	City, State, Zip Co	de)		•			
Che	ck Box(es) that Appl	y: Pr	omoter	<b>Z</b> ) B	leneficial Owner		Executive Officer		Director		General and/or Managing Partner
_	Name (Last name fi xton Select Invest		ial)					•			
Busi	iness or Residence A	ddress (Nur	nber and S	Street, (	City, State, Zip Co	de)	<del></del>				
500	Park Avenue, Ne	w York, NY	10022								
Che	ck Box(es) that Appl	y: Pro	omoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fl	rst, if individ:	ıai)								
Busi	iness or Residence A	ddress (Nur	nber and S	Street, C	City, State, Zip Co	de)					
Che	ck Box(cs) that Appl	y: Pro	omoter	□ B	tenoficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fi	rst, if individu	ıal)				<u>-</u>				
Busi	iness or Residence A	ddress (Nur	nber and S	Street, C	City, State, Zip Co	de)					
Chc	ck Box(cs) that Appl	y: Pro	omoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fi	st, if individu	າ <b>ລ</b> ່າ)		<u> </u>						
Busi	iness or Residence A	ddress (Nur	nber and S	Street, C	City, State, Zip Co	ide)	<del> </del>				
Chc	ck Box(es) that Appl	y: Pro	omoter	В	leneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fi	st, if individu	ial)				<del>_</del>				•
Busi	iness or Residence A	ddress (Nur	nber and S	Street, (	City, State, Zip Co	de)			<del></del>	<u> </u>	

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ì.	Has the	issuer solo	i. or does ti	ne issuer i	ntend to se	ell, to non-a	ccredited i	investors in	n this offer	ing?		Yes []	No <b>⊠</b>
						Appendix				=			
2.	What is the minimum investment that will be accepted from any individual?								s_5,0	*00,000,000			
	_											Yes	No
3.												ĸ	
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.												
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, C	ity, State, 2	Lip Code)		<u> </u>		<u></u> -		
Nai	nc of Ass	sociated Br	oker or De	aler			<del></del>						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)					*************	***************************************	□ A1	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	ividual)			-						
Bus	iness or	Residence	Address (1	dumber an	d Street, C	City, State,	Zip Code)						
Nai	ne of Ass	ociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						<del></del>
	(Check	"All States	" or check	individual	States)								l States
	AL IL MT RI	AK IN NE SC	AZ IA NY SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (i	ast name	first, if indi	vidual)			-						
Bus	siness or	Residence	Address (1	Vumber an	d Street, C	City, State,	Zip Code)						
Nar	ne of Ass	ociated Br	oker or De	aler	<del></del>							<u>.</u>	
Šta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						··
	(Check	"All States	" or check	individual	States)	**************	***********	*******				□ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA 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.	sold. Enter "0" if the 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.	<b>C</b>	
	Type of Security	Aggregate Offering Price	Amount Aircady Sold
	Debt	\$ 0.00	\$_0.00
	Equity		\$ 0.00
	Convertible Securities (including warrants)		0.00
	Partnership Interests		s 0.00
	Other (Specify LLC Interests		-
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
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."	1	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 66,500,000.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	<del></del>	<b>s</b>
3.	Answer also in Appendix, Column 4, if filing under ULOE.  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		\$_0.00
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 insurer. 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 <u>0.00</u>
	Printing and Engraving Costs	<b></b> 🗸	<b>\$ 1,500.00</b>
	Legal Fees		\$ 20,000.00
	Accounting Fees	_	\$ 10,000.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)	_	0.00
	Other Expenses (identify)	_	\$ 5,000.00
	Total	_	\$ 36,500.00

	R.T. International Investors (USA) LLC me of Signer (Print or Type) ron Sosnick	Title of Signer (Print or Type)  Manager of A.R.T. Advisors, LLC, the Issuer's I	<u> </u>	
	uer (Print or Type)	7 T Y / I I	ete pril 27, 2007	
sig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr	ish to the U.S. Securities and Exchange Commissi	on, upon writte	
¥.,		D FEDERAL SIGNATURE	<b>福達媒特斯</b>	湖流"。谓明山
	Total Payments Listed (column totals added)		☑ \$ <u>4</u> 9	9,963,500.00
	Column Totals			
			s	s
	Other (specify): Investments		\$_0.00	<b> 5 499,963,500.0 1 1 1 1 1 1 1 1 1 1</b>
	Working capital			s0.00
	Repayment of indebtedness			s0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	s 0.00	s
	Construction or leasing of plant buildings and faci	lities	s 0.00	□ \$ <u>0.00</u>
	Purchase, rental or leasing and installation of mach			<u>0.00</u>
	Purchase of real estate		\$ 0.00	<u>\$ 0.00</u>
	Salaries and fees	_		Others  \$ 0.00
			Payments to Officers, Directors, &	Payments to
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."			\$

- ATTENTION -

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

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Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>⊠</b>

See Appendix, Column 5, for state response.

- 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.
- 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
A.R.T. International Investors (USA) LLC	April 27, 2007
Name (Print or Type)	Title (Print or Type)
Aaron Sosnick	Manager of A.R.T. Advisors, LLC, the Issuer's Manager

## 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.

				SPECIAL AP	PENDIX	<b>生物。学</b> 心			
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK						-			
AZ					_				
AR									
CA						-			
СО					_				
СТ									
DE									
DC									
FL									
GA		ا							
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MD									
MA									[]
MI					_				
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MS									

		i simo		APP	ENDES			Color No.	
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY		K	IIC Interests \$500,000,000.00	3	\$66,500,0	<b>ω.</b> ω			K
NC								[]	
ND									
ОН									
ок									
OR					_				
PA									
RI									
SC									
SD									
TN									
ТХ									
UT									
VT									
VA									
WA									
wv									
WI									

		计篇的	To the same of the	APP	ENDLX.		HANG /		
1	Intend to non-a investor	i to sell accredited s in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		under St (if yes, explan waiver	lification ate ULOE , attach ation of granted) -Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		:							
PR				_					

 ${\it END}$