



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

1355812

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response...16.00

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



Table with columns: SEC USE ONLY, Prefix, Serial, DATE RECEIVED

Name of Offering (AMV Partners II, L.P. Offering of Limited Partnership Interests) Filing Under (Rule 504, Rule 505, Rule 506, Section 4(6), ULOE) Type of Filing (New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer Name of Issuer (AMV Partners II, L.P.) Address of Executive Offices (2750 Premiere Parkway, Suite 200, Duluth, Georgia 30097) Telephone Number (678-812-1101) Address of Principal Business Operations (Same) Telephone Number (Same) Brief Description of Business: Venture capital fund formed to invest in early stage medical device companies.

Type of Business Organization (limited partnership, already formed) Actual or Estimated Date of Incorporation or Organization (1/2/05) Jurisdiction of Incorporation or Organization (DE)

PROCESSED JUN 11 2007 THOMSON FINANCIAL

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. 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.

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.

Potential persons who are to 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

**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 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)  
Accuitive Medical Ventures II, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)  
2750 Premiere Parkway, Suite 200, Duluth, GA 30097

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing member of General Partner

Full Name (Last name first, if individual)  
Waite, Steven

Business or Residence Address (Number and Street, City, State, Zip Code)  
2750 Premiere Parkway, Suite 200, Duluth, GA 30097

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing member of General Partner

Full Name (Last name first, if individual)  
Larsen, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)  
2750 Premiere Parkway, Suite 200, Duluth, GA 30097

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing member of General Partner

Full Name (Last name first, if individual)  
Weldon, Thomas

Business or Residence Address (Number and Street, City, State, Zip Code)  
2750 Premiere Parkway, Suite 200, Duluth, GA 30097

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)

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

**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?..... \$ N/A
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)

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

- |        |        |        |        |        |        |        |        |        |        |        |        |        |
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| [ 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

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| [ 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 ] |
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(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 number 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.

	Aggregate Offering Price	Amount Already Sold
Type of Security		
Debt.....	\$ 0	\$ 0
Equity.....	\$ 0	\$ 0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (Including warrants).....	\$ 0	\$ 0
Partnership Interests.....	\$175,000,000	\$153,680,619
Other (Specify _____).....	\$ 0	\$ 0
Total.....	\$175,000,000	\$153,680,619

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 .....	24	\$153,680,619
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 Security	Dollar Amount Sold
Type of offering		
Rule 505.....	_____	\$ _____
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"/>	\$ 225,000
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)*.....	<input type="checkbox"/>	\$ _____
Other Expenses (identify) travel, administration, and other sales-related expenses.....	<input checked="" type="checkbox"/>	\$ 175,000
Total.....	<input checked="" type="checkbox"/>	\$ 400,000

**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." .....

\$ 174,600,000

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 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 type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other (specify): <u>Investments, Management Fees and other expenses*</u> .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ 174,600,000
.....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ 174,600,000
Column Totals.....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ 174,600,000
Total Payments Listed (column totals added) .....		<input checked="" type="checkbox"/> \$ 174,600,000

**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) AMV Partners II, L.P.	Signature 	Date 5/14/07
Name of Signer (Print or Type) Steven Waite	Title of Signer (Print or Type) Manager, Accuitive Medical Ventures II, LLC, General Partner	

(\* ) A portion of such amount may be used to pay salaries of employees of affiliates of the Issuer. Commencing as of 2/15/2006, the Issuer will pay to Accuitive Medical Ventures II, LLC as affiliate of the Issuer an annual fee of 2.5% of the total commitments of the Issuer, reduced to 2.5% of invested capital upon the end of the Investment Period or the organization of a subsequent fund by the general partner of the Issuer, subject to further reduction over time.

**ATTENTION**

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

**END**