

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

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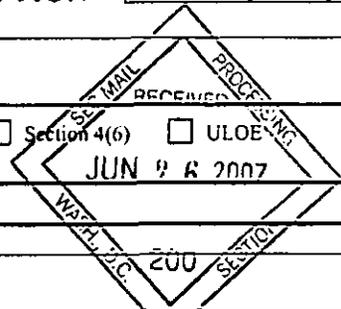
FORM D



07067316

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

SEC USE ONLY Prefix Serial DATE RECEIVED



Name of Offering ( ) check if this is an amendment and name has changed, and indicate change.) DB Noetic Equity Long/Short Fund L.P. (the "Issuer")

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

I. Enter the information requested about the issuer

Name of Issuer ( ) check if this is an amendment and name has changed, and indicate change.) DB Noetic Equity Long/Short Fund L.P.

Address of Executive Offices (Number and Street, City, State, ZIP Code) Telephone Number (Including Area Code) c/o GP Management IV, Ltd., Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands (345) 949-0050

Address of Principal Business Operations (if different from Executive Offices) Telephone Number (Including Area Code) same as above same as above

Brief Description of Business To invest substantially all of its assets into DB Global Masters (Noetic Equity Long/Short) Fund Ltd., a Cayman Islands exempted company, which will invest in liquid equity securities of U.S. and international (primarily European) issuers by utilizing a multi-strategy approach, featuring a core long/short strategy.

Type of Business Organization corporation limited partnership, already formed other (please specify): BEST AVAILABLE COPY business trust limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month 01 Year 07 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) DE

PROCESSED JUL 16 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. 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. 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.

**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)  
**GP Management IV, Ltd. (the "General Partner")**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands**

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

Full Name (Last name first, if individual)  
**Deutsche Bank Trust Company Americas (the "Investment Adviser")**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**345 Park Avenue, 24<sup>th</sup> Floor, New York, New York 10019**

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

Full Name (Last name first, if individual)  
**DB Investment Managers, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**345 Park Avenue, 24<sup>th</sup> Floor, New York, New York 10019**

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

Full Name (Last name first, if individual)  
**DB Capital Advisers, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**345 Park Avenue, 24<sup>th</sup> Floor, New York, New York 10019**

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

Full Name (Last name first, if individual)  
**BroadStreet Capital Partners, L.P (the "Sub-Adviser")**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**712 Fifth Avenue, New York, New York 10019**

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

Full Name (Last name first, if individual)  
**Caledonian Directors Limited**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands**

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

Full Name (Last name first, if individual)  
**Sargison, David S.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands**

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**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)  
**Sampson, Ian G.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands**

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

Full Name (Last name first, if individual)  
**Kregel, Jan A.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands**

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

Full Name (Last name first, if individual)  
**Citeo Global Custody (NA) NV as Custodian for Telesis Constellation**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**Schottegatweg Oost 44, P.O. Box 707, Curacao, Netherlands Antilles**

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

Full Name (Last name first, if individual)  
**Somers & Co LP Kailas Partners LP**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**330 Madison Avenue, 5<sup>th</sup> Floor, New York, New York 10017**

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

Full Name (Last name first, if individual)  
**Charles Frederic & Co fbo Lehman Brothers AK Permanent Fund LP**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**339 Park Avenue, 5<sup>th</sup> Floor, New York, New York 10022**

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                                  |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>Answer also in Appendix, Column 2, if filing under ULOE.</i>   |                                     |                                     |
| 2. What is the minimum investment that will be accepted from any individual? .....  | \$250,000*                          |                                     |
| * Subject to the discretion of the General Partner to lower such amount.  |                                     |                                     |
| 3. Does the offering permit joint ownership of a single unit? .....   | YES                                 | NO                                  |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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)

**Not Applicable**

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

[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]

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

[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]

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

[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 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 Securities (including warrants) .....	\$0	\$0
Partnership Interests (a).....	\$500,000,000(b)	\$17,450,000
Other (Specify _____) .....	\$0	\$0
<b>Total</b> .....	<b>\$500,000,000(b)</b>	<b>\$17,450,000</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 .....	5	\$17,450,000
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 checked="" type="checkbox"/>	\$0
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$20,000
Legal Fees .....	<input checked="" type="checkbox"/>	\$50,000
Accounting Fees.....	<input checked="" type="checkbox"/>	\$20,000
Engineering Fees.....	<input checked="" type="checkbox"/>	\$0
Sales Commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/>	\$12,500,000 (c)
Other Expenses (identify) <u>Filing Fees</u> .....	<input checked="" type="checkbox"/>	\$10,000
<b>Total</b> .....	<input checked="" type="checkbox"/>	<b>\$12,600,000</b>

(a) The Issuer will offer two types of interests, type A interests ("Type A Interests") and type B interests ("Type B Interests"). Type B Interests will only be offered to certain employees of the Investment Adviser and Sub-Adviser. Type B Interests will be identical to Type A Interests, except that Type B Interests will not be subject to any advisory fee or profit share and may have a lower minimum subscription amount.

(b) Open-end fund; estimated maximum aggregate offering amount.

(c) Duty registered placement agents may receive a commission of up to 2.5% of investors' subscriptions. Any such placement fee may be waived or reduced.

**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 proceed proceeds to the issuer."

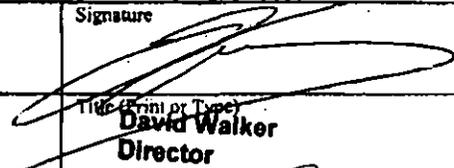
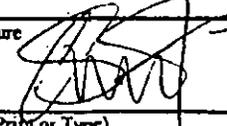
\$487,400,000

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 checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Purchase of real estate.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Purchase, rental or leasing and installation of machinery and equipment.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
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 checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Repayment of indebtedness.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Working capital.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Other (specify): <u>Portfolio Investments</u> .....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$487,400,000
	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Column Totals.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$487,400,000
Total Payments Listed (column totals added).....	<input checked="" type="checkbox"/> \$487,400,000	

**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) <b>DB Noetic Equity Long/Short Fund L.P.</b>	Signature 	Date <i>19 June 2007</i>
Name (Print or Type)	Title (Print or Type) <b>David Walker Director</b>	
Issuer (Print or Type) <b>DB Noetic Equity Long/Short Fund L.P.</b>	Signature 	Date <b>June 19, 2007</b>
Name (Print or Type)	Title (Print or Type) <b>Christopher Smith Authorized Signatory</b>	
<b>ATTENTION</b>		
<b>Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).</b>		