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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.



OMB APPROVAL
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SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		

FORM D [Continuous Offering]

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

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

PROCESSED JUL 12 2007 THOMSON FINANCIAL

Name of Offering [X] check if this is an amendment, and indicate change.

OFFERING OF UNITS OF BENEFICIAL INTEREST IN ACADIAN FRONTIER MARKETS EQUITY FUND

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

Type of Filing: [X] New Filing [] Amendment

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.) ACADIAN FRONTIER MARKETS EQUITY FUND

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Old Mutual Asset Management Trust Company 200 Clarendon Street, 52nd Floor, Boston, MA 02116 617.369.7300

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)

Old Mutual Asset Management Trust Company

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

200 Clarendon Street, 52nd Floor, Boston, MA 02116

The following individuals are officers and/or directors of Old Mutual Asset Management Trust Company, the Investment Manager of the fund.

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

Full Name (Last name first, if individual)

Turpin, Thomas

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Turner, Virginia

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Cavaco, Kathy

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Gulinello, Joan

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

A. BASIC IDENTIFICATION DATA

Full Name (Last name first, if individual)

Dillon, Brian

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Gibson, Linda

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Clifford, John

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Smith, David

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Cotner, John

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Quinn, Kevin

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Rollins, Peter

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

A. BASIC IDENTIFICATION DATA

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

Full Name (Last name first, if individual)

Kirby, Mary

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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

Full Name (Last name first, if individual)

Kupferberg, Karen

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

c/o Old Mutual Asset Management Trust Company, 200 Clarendon Street, 52nd Floor, Boston, MA 02116

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 [X]

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

2. What is the minimum investment that will be accepted from any individual? Minimum initial investment is \$1,000,000; additional investments in minimum amounts of \$50,000. The Fund has the right to waive the \$1,000,000 minimum initial investment.

3. Does the offering permit joint ownership of a single unit? Yes [] No [X]

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. N/A

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]

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

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "o" 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	Total Amount of Subscriptions	Amount of Subscriptions Paid
Debt	\$ <u>0</u>	\$ <u>0</u>
Equity	\$ <u>0</u>	\$ <u>0</u>
<input type="checkbox"/> Common		
<input type="checkbox"/> Preferred		

Convertible Securities (including warrants):	\$ <u>0</u>	\$ <u>0</u>
Partnership Interests	\$ <u>0</u>	\$ <u>0</u>
Other: Beneficial Interests in the Fund in the form of Units ("Units")... Total.....	\$ <u>100,000,000,000</u>	\$ <u>65,000,000</u>
	\$ <u>100,000,000,000</u>	\$ <u>65,000,000</u>

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 "o" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Paid Subscriptions
Accredited Investors	<u>3</u>	\$ <u>65,000,000</u>
Non-accredited Investors	<u>0</u>	\$ <u>0</u>
Total (for filings under Rule 504 only).....	<u>N/A</u>	\$ <u>0</u>

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, 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	<u>N/A</u>	<u>N/A</u>
<u>Regulation A</u>	<u>N/A</u>	<u>N/A</u>
Rule 504	<u>N/A</u>	<u>N/A</u>
Total	<u>N/A</u>	<u>N/A</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR 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 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"/>	\$	0
Printing and Engraving Costs	<input type="checkbox"/>	\$	0
Legal Fees	<input checked="" type="checkbox"/>	\$	1,500
Accounting Fees	<input type="checkbox"/>	\$	0
Engineering Fees	<input type="checkbox"/>	\$	0
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$	0
Other Expenses (identify)	<input type="checkbox"/>	\$	0
Total	<input checked="" type="checkbox"/>	\$	1,500

4. b. Enter the difference between the aggregate offering price given

None

All expenses paid by Old Mutual Asset Management Trust Company - No adjusted gross proceeds

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"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase of real estate.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ 0	<input 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 type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Repayment of indebtedness	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Working capital.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Other (specify): Working capital for fund formation and general investment purposes of the fund.....	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 100,000,000,000
Column Totals	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 100,000,000,000
Total Payments Listed (column totals added).....		<input checked="" type="checkbox"/> \$ 100,000,000,000

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) By: Old Mutual Asset Management Trust Company, on behalf of its portfolio, ACADIAN FRONTIER MARKETS EQUITY FUND	Signature <i>Kathy M Cavaco</i>	Date June <i>12</i> , 2007
Name of Signer (Print or Type) By: Kathy M. Cavaco	Title of Signer (Print or Type) Treasurer	

ATTENTION

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

END