

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

1285044 SEC

OMB APPROVAL table with OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per form: 1

FORM D

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

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

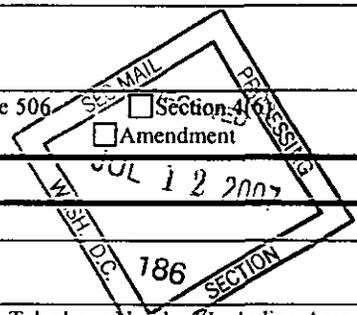


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Name of Offering (Convertible Promissory Note and Warrant Financing), Filing Under (Rule 504, Rule 505, Rule 506, Section 4(6), ULOE), Type of Filing (New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer. Name of Issuer: Chestnut Medical Technologies, Inc. Address of Executive Offices: 173 Jefferson Drive, Menlo Park, CA 94025. Telephone Number: (650) 566-0057. Brief Description of Business: medical device company. Type of Business Organization: corporation



Actual or Estimated Date of Incorporation or Organization: March 2000. Jurisdiction of Incorporation or Organization: CA

PROCESSED 3 JUL 17 2007

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...

FROM SEC FINANCIAL

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:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer
	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Aaron Berez**

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

**c/o Chestnut Medical Technologies, Inc.; 173 Jefferson Drive, Menlo Park, CA 94025**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Quang Q. Tran**

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

**c/o Chestnut Medical Technologies, Inc.; 173 Jefferson Drive, Menlo Park, CA 94025**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Anselm Leung**

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

**c/o Chestnut Medical Technologies, Inc.; 173 Jefferson Drive, Menlo Park, CA 94025**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Patrick Rivelli, Jr.**

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

**c/o Chestnut Medical Technologies, Inc.; 173 Jefferson Drive, Menlo Park, CA 94025**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Alec Iplani**

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

**c/o Chestnut Medical Technologies, Inc.; 173 Jefferson Drive, Menlo Park, CA 94025**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Jeffrey Bloom**

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

**c/o Chestnut Medical Technologies, Inc.; 173 Jefferson Drive, Menlo Park, CA 94025**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

**Veron International Limited**

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

**Top Floor, Chinachem Golden Plaza, 77 Mody Road, East Tsim Sha Tsui, Kowloon, Hong Kong SAR**

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer
	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner	

Full Name (Last name first, if individual)

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

**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)

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]	[VA]	[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]	[VA]	[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]	[VA]	[WV]	[WI]	[WY]	[PR]

**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 offering for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ <u>4,975,000</u>	\$ <u>1,313,370</u>
Equity.....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ <u>25,000</u>	\$ <u>6,600</u>
Partnership Interests .....	\$ _____	\$ _____
Other (Specify) .....	\$ _____	\$ _____
Total .....	\$ _____	\$ _____

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.....	<u>15</u>	\$ <u>1,319,970</u>
Non-accredited Investors.....	_____	\$ _____
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	_____	\$ _____

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"/>	\$ <u>30,000</u>
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/>	\$ _____
Other Expenses (Identify) Blue Sky fees.....	<input checked="" type="checkbox"/>	\$ <u>800</u>
Total.....	<input checked="" type="checkbox"/>	\$ <u>30,800</u>

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"

\$ 4,969,200

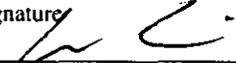
**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

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.

	Payment to Officers, Directors, & Affiliates	Payment 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 checked="" type="checkbox"/> \$4,969,200
Other (specify): _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals.....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$4,969,200
Total Payments Listed (column totals added) .....		<input type="checkbox"/> \$ 4,969,200

**D. FEDERAL SIGNATURE**

The issuer had 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>Chestnut Medical Technologies, Inc.</b>	Signature 	Date <b>July 6, 2007</b>
Name of Signer (Print or Type) <b>George Colindres</b>	Title of Signer (Print or Type) <b>Assistant Secretary</b>	

**ATTENTION**

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

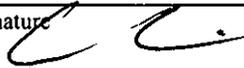
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?..... Yes  No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to any 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) Chestnut Medical Technologies, Inc.	Signature 	Date July 6, 2007
Name of Signer (Print or Type) George Colindres	Title of Signer (Print or Type) Assistant Secretary	

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.

**APPENDIX**

1	2		3	4				5	
	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)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1))
State	Yes	No	Convertible Promissory Notes convertible into and Warrants exercisable for equity securities	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X	\$5,000,000						X
AK		X	\$5,000,000						X
AZ		X	\$5,000,000						X
AR		X	\$5,000,000						X
CA		X	\$5,000,000	4	\$220,000	0	\$0		X
CO		X	\$5,000,000						X
CT		X	\$5,000,000						X
DE		X	\$5,000,000						X
DC		X	\$5,000,000						X
FL		X	\$5,000,000	1	\$10,000	0	\$0		X
GA		X	\$5,000,000	1	\$5,000	0	\$0		X
HI		X	\$5,000,000						X
ID		X	\$5,000,000						X
IL		X	\$5,000,000						X
IN		X	\$5,000,000						X
IA		X	\$5,000,000						X
KS		X	\$5,000,000						X
KY		X	\$5,000,000						X
LA		X	\$5,000,000						X
ME		X	\$5,000,000						X
MD		X	\$5,000,000						X
MA		X	\$5,000,000						X
MI		X	\$5,000,000						X

APPENDIX

MN		X	\$5,000,000						X
MS		X	\$5,000,000						X
MO		X	\$5,000,000						X
MT		X	\$5,000,000						X
NE		X	\$5,000,000						X
NV		X	\$5,000,000						X
NH		X	\$5,000,000						X
NJ		X	\$5,000,000						X
NM		X	\$5,000,000						
NY		X	\$5,000,000	5	\$475,000	0	\$0		X
NC		X	\$5,000,000						X
ND		X	\$5,000,000						X
OH		X	\$5,000,000						X
OK		X	\$5,000,000	1	\$10,000	0	\$0		X
OR		X	\$5,000,000						X
PA		X	\$5,000,000						X
RI		X	\$5,000,000						X
SC		X	\$5,000,000						X
SD		X	\$5,000,000						X
TN		X	\$5,000,000						X
TX		X	\$5,000,000						X
UT		X	\$5,000,000						X
VT		X	\$5,000,000						X
VA		X	\$5,000,000						X
WA		X	\$5,000,000						X
WV		X	\$5,000,000						X
WI		X	\$5,000,000						X
WY		X	\$5,000,000						X
PR		X	\$5,000,000						X

*END*