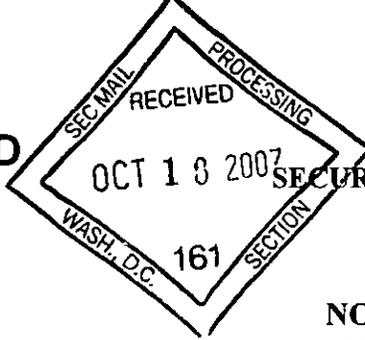


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FORM D



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

Table with OMB APPROVAL and SEC USE ONLY sections, including OMB Number, Expires, and Prefix/Serial fields.

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

Name of Offering, Filing Under (Rule 504, 505, 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 (Segway Inc.), Address of Executive Offices, Telephone Number, Address of Principal Business Operations, Telephone Number (Including Area Code)



Brief Description of Business (Transportation technology), Type of Business Organization (corporation, limited partnership, etc.)

PROCESSED stamp dated OCT 24 2007, THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization (Month 06, Year 00), Jurisdiction of Incorporation or Organization (D, E)

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...

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 Partner

Full Name (Last name first, if individual)

Norrod, James

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Kleber, Klee

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Cohen, Brian

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Denniston, John

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Kamen, Dean

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Linda M. Tenda and Thomas V. Tenda, JTWROS

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Credit Suisse First Boston Equity Partners, L.P.

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

c/o Credit Suisse First Boston Advisory Partners, LLC, Eleven Madison Avenue, New York, NY 10010

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

Full Name (Last name first, if individual)

Credit Suisse First Boston Equity Partners (Bermuda), L.P.

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

c/o Credit Suisse First Boston Advisory Partners, LLC, Eleven Madison Avenue, New York, NY 10010

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 Partner

Full Name (Last name first, if individual)

KPCB Holdings, Inc.

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

c/o Kleiner Perkins Caufield & Byers, 2750 Sand Hill Road, Menlo Park, California 94025

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

Full Name (Last name first, if individual)

Allen, J. Norman

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Loucks, Vernon

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Schmertzler, Michael

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

DEKA Products Limited Partnership

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

c/o DEKA Research and Development, 340 Commercial Street, Manchester, NH 03101

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

Full Name (Last name first, if individual)

Jamson Holdings, Inc.

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Lemelson, Eric D.

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Weston, Josh S.

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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 Partner

Full Name (Last name first, if individual)

Lemelson, Robert

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

c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110

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

Full Name (Last name first, if individual)

Blackboard Ventures Inc.

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

5650 Yonge Street, Toronto, Ontario, M2M 4H5, Canada

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.

N/A

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	\$ <u>-0-</u>	\$ <u>-0-</u>
Equity	\$ <u>28,760,000.00</u>	\$ <u>25,781,749.00</u>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Partnership Interests	\$ <u>-0-</u>	\$ <u>-0-</u>
Other (Specify _____)	\$ <u>-0-</u>	\$ <u>-0-</u>
Total.....	\$ <u>28,760,000.00</u>	\$ <u>25,781,749.00</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 "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>17</u>	<u>\$25,781,749.00</u>
Non-accredited Investors	<u>-0-</u>	\$ <u>-0-</u>
Total (for filings under Rule 504 only).....	<u>N/A</u>	<u>N/A</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, 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	<u>N/A</u>	\$ <u>N/A</u>
Regulation A.....	<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>

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"/>	\$ <u>-0-</u>
Printing and Engraving Costs	<input type="checkbox"/>	\$ <u>-0-</u>
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>55,000.00</u>
Accounting Fees	<input type="checkbox"/>	\$ <u>-0-</u>
Engineering Fees	<input type="checkbox"/>	\$ <u>-0-</u>
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$ <u>-0-</u>
Other Expenses (identify) Travel Expenses and Business Expenses	<input type="checkbox"/>	\$ <u>-0-</u>
Total.....	<input checked="" type="checkbox"/>	\$ <u>55,000.00</u>

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 user."

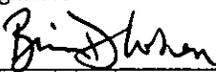
\$28,705,000.00

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 and 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 checked="" type="checkbox"/> \$28,705,000.00
Other (specify):	<input type="checkbox"/> \$ -0-	<input type="checkbox"/> \$ -0-
Other (specify):	<input type="checkbox"/> \$ -0-	<input type="checkbox"/> \$ -0-
Column Totals	<input type="checkbox"/> \$ -0-	<input checked="" type="checkbox"/> \$28,705,000.00
Total Payments Listed (column totals added).....		<input checked="" type="checkbox"/> <u>\$28,705,000.00</u>

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) Segway Inc.	Signature 	Date 10/15/07
Name of Signer (Print or Type) Brian Cohen	Title of Signer (Print or Type) Chief Financial Officer	

ATTENTION

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

END