

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

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

OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response: 1.00

SEC USE ONLY Prefix Serial Date Received

Name of Offering Offer and Sale of Limited Partner Interests in Segulah IV L.P. 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

1. Enter the information requested about the issuer Name of Issuer Segulah IV L.P. Address of Executive Offices La Motte Chambers, St. Helier, Jersey, Channel Islands JE1 1BJ Telephone Number +44 (0)1534 602509

Brief Description of Business Investment in other businesses. Type of Business Organization limited partnership, already formed

PROCESSED NOV 19 2007 THOMSON FINANCIAL



Actual or Estimated Date of Incorporation or Organization: 09/07 Actual Estimated Jurisdiction of Incorporation or Organization: CN for Canada; FN for other foreign jurisdiction

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 state 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. SEC 1972 (6/99)

**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)

Segulah Management IV Limited

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

La Motte Chambers, St. Helier, Jersey, Channel Islands JE1 1BJ

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

Full Name (Last name first, if individual)

AB Segulah (publ)

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

Box 5483, SE 11484, Stockholm, Sweden

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

Full Name (Last name first, if individual)

Ringmuren Holding AB

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

Box 5371, 102 49, Stockholm, Sweden

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

Full Name (Last name first, if individual)

Svangrenmen AB

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

Box 5371, 102 49 Stockholm, Sweden

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

Full Name (Last name first, if individual)

Whitechris AB

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

Box 5371, 102 49, Stockholm, Sweden

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

Full Name (Last name first, if individual)

Wintide AB

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

Box 5371, 102 49, Stockholm, Sweden

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

Full Name (Last name first, if individual)

Zetacap AB

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

Box 5371, 102 49, Stockholm, Sweden

**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)

Pacegate AB

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

Box 5371, 102 49, Stockholm, Sweden

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

Full Name (Last name first, if individual)

Boschat, Denzil

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

La Motte Chambers, St. Helier, Jersey, Channel Islands JE1 1BJ

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

Full Name (Last name first, if individual)

Chapman, Julia

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

La Motte Chambers, St. Helier, Jersey, Channel Islands JE1 1BJ

**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?..... \$ \_\_\_\_\_ \*

\*Subject to the discretion of the Issuer's General Partner.

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)

MVision Private Equity Advisers USA LLC

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

Connaught House, 1 - 3 Mount Street, London W1K 3NB, United Kingdom

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers\*\*

(Check "All State" 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]

\*\*offering was made in states which are stricken through.

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 State" 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 State" 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	\$376,168,183
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$0	\$0
Partnership Interests .....	\$0	\$0
Other (Specify _____) .....	\$0	\$0
Total .....	\$0	\$0

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 .....	30	\$376,168,183
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.....N/A

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	_____
<u>Regulation A</u> .....	_____	_____
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"/> \$ 0
Printing and Engraving Costs .....	<input type="checkbox"/> \$ 0
Legal Fees .....	<input checked="" type="checkbox"/> \$728,092
Accounting Fees .....	<input checked="" type="checkbox"/> \$38,736
Engineering Fees .....	<input type="checkbox"/> \$ 0
Sales Commissions (specify finders' fees separately) .....	<input checked="" type="checkbox"/> \$ 0
Other Expenses (identify) <u>Administrator Fee</u> .....	<input checked="" type="checkbox"/> \$40,986
Total .....	<input checked="" type="checkbox"/> \$807,814

**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." .....

\$375,360,374

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"/> * _____	<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): <u>Investments</u> .....	<input type="checkbox"/> 0 _____	<input checked="" type="checkbox"/> ** _____
Column Totals .....	<input checked="" type="checkbox"/> * _____	<input checked="" type="checkbox"/> ** _____

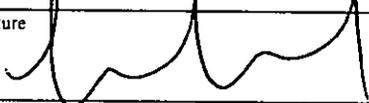
Total Payments Listed (Column totals added) .....  \$375,360,374

\* The Issuer shall pay to Segulah Management IV Limited an annual fee (the "Management Fee") calculated in accordance with the Subscription Agreements executed by each of the limited partners and the Issuer. In no event shall the annual Management Fee exceed 2.25% of the Issuer's aggregate subscriptions.

\*\*Any difference between \$375,360,374 and the Management Fee.

**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) Segulah IV L.P.	Signature 	Date 26 October 2007
Name of Signer (Print or Type) Denzil Boschat	Title of Signer (Print or Type) Director of Segulah Management IV Limited, the General Partner of the Issuer	

**ATTENTION**

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

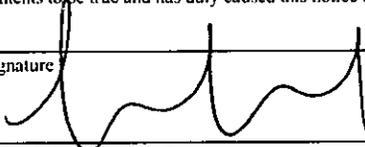
**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 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 any state administrator of any state in which this 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 the 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) Segulah IV L.P.	Signature 	Date 26 October 2007
Name of Signer (Print or Type) Denzil Bosch	Title of Signer (Print or Type) Director of Segulah Management IV Limited, the General Partner of the Issuer	

*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.

**END**