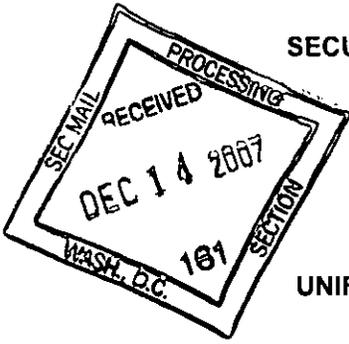


1407780



UNITED STATES 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 APPROVAL OMB Number: Expires: Estimated average burden hours per response.....

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering () check if this is an amendment and name has changed, and indicate change. Morgan Stanley Emerging Private Markets Fund I (Cayman) 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 () check if this is an amendment and name has changed, and indicate change. Morgan Stanley Emerging Private Markets Fund I (Cayman) L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o M&C Corporate Services Limited P.O. Box 309GT, Ugland House, South Church Street George Town, Grand Cayman, Cayman Islands (345)949-8066

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

Brief Description of Business Special purpose investment partnership.

PROCESSED DEC 19 2007



Type of Business Organization corporation limited partnership, already formed limited partnership, to be formed business trust limited partnership, to be formed THOMSON FINANCIAL othe

Actual or Estimated Date of Incorporation or Organization: Month Year 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)

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. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

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. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

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. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

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.

SEC 1972 (05-05) Persons who 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.

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)

Morgan Stanley Alternative Investments Inc.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Morgan Stanley Alternative Investment Partners LP

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Morgan Stanley AIP GP LP

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Pulfrey, Cory S.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Jama, Mustafa

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Dorr, Thomas

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Wolak, John

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Turner, Jeffrey A.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

A. BASIC IDENTIFICATION DATA

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- 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)

Langlois, Noel

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Peterson, Bernard V.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Theard, Kara

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Cacchione, John F.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Rein, Walter E.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Marmoll, Eric J.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Tannenbaum, Elliot

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Sperans, James

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- 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)

Beinkampen, Karl

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Allen, Matthew

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Gonzalez-Heres, Jose

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Baumgartner, Mark

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

van der Zwan, Mark

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Kuntz, Kevin

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Bhatt, Paresh

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Erickson, Brian W.

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- 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)

Kondas, Michael

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Coroniti, Robin

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Graver, Matther

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Osidach, Roman

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Tai, Francie

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Walker, Sloan

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

One Tower Bridge, 100 Front Street Suite 1100, West Conshohocken, PA 19428

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

Full Name (Last name first, if individual)

Formuesforvaltning Private Markets PLC, Diversified Private Equity 2007

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)

Community Funds Inc.

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

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

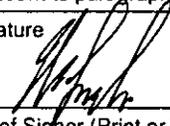
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$43,353,700

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"/>	\$ _____	<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 type="checkbox"/>	\$ _____
Other (specify): <u>Private equity and equity related investments</u>	<input type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	\$43,353,700
.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Column Totals	<input type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	\$43,353,700
Total Payments Listed (column totals added).....			<input checked="" type="checkbox"/>	\$43,353,700

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) Morgan Stanley Emerging Private Markets Fund I (Cayman) L.P.	Signature 	Date Nov. 1, 2007
Name of Signer (Print or Type) Noel Langlois	Title of Signer (Print or Type) Vice President of Morgan Stanley AIP (Cayman) GP Ltd., general partner of the Issuer	

ATTENTION

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

END