

FORM D

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

SEC  
Mail Processing  
Section

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PROCESSED

FORM D

SEP 15 2008

SEP 18 2008

B

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

Washington, DC  
103

THOMSON REUTERS

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  
**Grant of awards under the Taylor Wimpey Share Option Plan**

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.)  
**Taylor Wimpey plc**

Address of Executive Offices (Number and Street, City, State, Zip Code)  
**80 New Bond Street, London, W1S 1SB**

Telephone Number (including Area Code)  
**+44 (0)207 355 8100**

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) **Employees receiving awards are employed by a subsidiary company, Taylor Morrison, Inc. of 4900 N. Scottsdale Rd, Suite 2000, Scottsdale, AZ 85251**

Telephone Number (including Area Code)  
**AZ: +1 480-840-8107**

**Divisional Offices**  
**Taylor Morrison Phoenix Division - 6720 North Scottsdale Road, Suite 390, Scottsdale, AZ 85253.**  
**Taylor Morrison California Division - Taylor Morrison Central Valley, 5260 Pirrone Court, Suite 100, Salida, CA 95368.**



08061085

Brief Description of Business  
**Housebuilder**

Type of Business Organization  
 corporation  limited partnership, already formed  other (please specify):  
 business trust  limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:  
Month: 0 2 Year: 3 5  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) F N

GENERAL INSTRUCTIONS

**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 indicated on the filing of a federal notice. SEC 1972 (2-99)

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following: <ul style="list-style-type: none"> <li>• Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>• 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;</li> <li>• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>• Each general and managing partner of partnership issuers.</li> </ul>					
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) <b>Redfern, Peter Timothy</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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) <b>Johnson, Peter Thomas</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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) <b>Dean, Brenda</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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) <b>Askew, Norman Brian Montague</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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) <b>Dougal, Andrew James Harrower</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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) <b>Innes Ker, Katherine Christina Mary</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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) <b>Davies, Michael Thomas</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>					
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					

**A. BASIC IDENTIFICATION DATA**

Full Name (Last name first, if individual) <b>Williams, David Michael</b>
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>
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) <b>Reading, Anthony John</b>
Business or Residence Address (Number and Street, City, State, Zip Code) <b>80 New Bond Street, London, W1S 1SB</b>

**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 <input type="checkbox"/> and indicate in the column below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Price		Amount Already Sold
Debt .....	\$		\$
Equity (see footnote 1 at bottom of page 5)	\$	3,274,224	\$ 3,274,224
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred			
Convertible Securities (including warrants) .....	\$		\$
Partnership Interests .....	\$		\$
Other (Specify: Unsecured Deferred Compensation Obligations)	\$		\$
Total (see footnote 1 at bottom of page 6) .....	\$	3,274,224	\$ 3,274,224
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 .....		23	\$ 3,079,188
Non-accredited Investors .....		4	\$ 195,036
Total (for filings under Rule 504 only) .....		0	\$ 0
Answer also in Appendix, Column 3, 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 .....	N/A		\$ N/A
Regulation A .....	N/A		\$ N/A
Rule 504 .....	N/A		\$ N/A
Total .....	N/A		\$ N/A
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 Fee .....	<input type="checkbox"/>	\$	0
Printing and Engraving Costs .....	<input type="checkbox"/>	\$	0
Legal Fees .....	<input type="checkbox"/>	\$	
Accounting Fees .....	<input type="checkbox"/>	\$	0
Engineering Fees .....	<input type="checkbox"/>	\$	0
Sales Commissions (Specify finder's fees separately) .....	<input type="checkbox"/>	\$	0
Other Expenses (identify) .....	<input type="checkbox"/>	\$	0
Total .....	<input type="checkbox"/>	\$	0

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>											
What is the minimum investment that will be accepted from any individual?	\$ 0												
2. Does the offering permit joint ownership of a single unit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>											
3. 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)..... <input type="checkbox"/> 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 States" or check individual States)..... <input type="checkbox"/> 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 States" or check individual States)..... <input type="checkbox"/> All States													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[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]	

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." .....			\$	3,274,224
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) (see footnote 2 at bottom of page 6).....	<input type="checkbox"/>	\$		<input checked="" type="checkbox"/> \$ 3,274,224
	<input type="checkbox"/>	\$		<input type="checkbox"/> \$
Column Totals.....	<input type="checkbox"/>			<input type="checkbox"/> \$
Total Payments Listed (column totals added).....			<input checked="" type="checkbox"/> \$	3,274,224

**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) <b>Taylor Wimpey plc</b>	Signature 	Date <u>21</u> August 2008
Name of Signer (Print or Type) <b>James John Jordan</b>	Title of Signer (Print or Type) <b>Group Company Secretary, Taylor Wimpey plc</b>	

<b>ATTENTION</b>
<b>Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)</b>

**Footnote 1:** The "Aggregate offering prices" indicated reflect the initial awards under the Plan and are based on the option price of £1.3775 or \$2.75 based on an exchange rate of £1=1.99759. The awards granted under the Plan consist of performance tested options which may or may not become exercisable in 3 to 10 years time.

**\*Footnote 2:** The figures represent the initial value of the awards (option price \* number of options); however, no actual proceeds will be paid to or received by Taylor Wimpey plc until the options become exercisable. See footnote 1 above.

**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.252 presently subject to any of the disqualification provisions of such rule? .....		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.			
THE FOREGOING UNDERTAKINGS AND REPRESENTATIONS PROVIDED SHALL BE ENFORCEABLE AGAINST THE ISSUER ONLY TO THE EXTENT THAT SUCH UNDERTAKINGS AND REPRESENTATIONS ARE REQUIRED TO BE MADE AFTER APPLICATION OF THE NATIONAL SECURITIES MARKETS IMPROVEMENT ACT OF 1996.			
Issuer (Print or Type)	Signature	Date	
Taylor Wimpey plc		21 August 2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
James John Jordan	Group Company Secretary, Taylor Wimpey plc		

**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 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL			Ordinary Shares \$3,274,224						
AK									
AZ	X		Ordinary Shares \$596,496	4	\$556,497	1	\$39,998		X
AR									
CA	X		Ordinary Shares \$514,848	4	\$479,992	1	\$34,856		X
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
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ME									
MD									
MA									
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MS									
MO									
MT									
NE									
NV									

**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
			Ordinary Shares \$3,274,224						
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

**END**