

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

1272418

OMB APPROVAL

OMB Number: 3235-0076

Expires: October 31, 2008

Estimated average burden hours per response: 4.00

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

Item 1. Issuer's Identity

Name of Issuer: PolyMedix, Inc.

Jurisdiction of Incorporation/Organization: Delaware

Year of Incorporation/Organization (Select one): Within Last Five Years (specify year) 2005 Over Five Years Ago Yet to Be Formed

Previous Name(s) None: BTHC Acquisition Corp.

Entity Type (Select one): Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1: 170 N. Radnor Chester Road

Street Address 2: Suite 300

City: Radnor State/Province/Country: PA ZIP/Postal Code: 19087

Phone No.: 484.598.2400

PROCESSED OCT 23 2008 THOMSON REUTERS

Item 3. Related Persons

Last Name: Landekic First Name: Nicholas Middle Name:

Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road

Street Address 2: Suite 300

City: Radnor State/Province/Country: PA ZIP/Postal Code: 19087

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary):

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

Agriculture Business Services Construction

Banking and Financial Services Energy REITS & Finance

Commercial Banking Electric Utilities Residential

Insurance Energy Conservation Other Real Estate

Investing Coal Mining Retailing

Investment Banking Environmental Services Restaurants

Pooled Investment Fund Oil & Gas Technology

If selecting this industry group, also select one fund type below and answer the question below:

Hedge Fund Health Care Computers

Private Equity Fund Biotechnology Telecommunications

Venture Capital Fund Health Insurance Other Technology

Other Investment Fund Hospitals & Physicians Travel

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No Other Health Care Pharmaceuticals Other

Other Banking & Financial Services Manufacturing Real Estate Commercial Other



Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) | |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input checked="" type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| | <input type="checkbox"/> Section 3(c)(7) | |

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: OR First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input checked="" type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe) |
-

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ []

Item 12. Sales Compensation

Recipient

[]

Recipient CRD Number

[]

No CRD Number

(Associated) Broker or Dealer None

(Associated) Broker or Dealer CRD Number

Emerging Growth Equities Ltd.

47040

No CRD Number

Street Address 1

1150 First Avenue

Street Address 2

Suite 600

City

King of Prussia

State/Province/Country

PA

ZIP/Postal Code

19406-2816

States of Solicitation 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

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 4,261,838 OR Indefinite

(b) Total Amount Sold \$ 4,261,838

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 0 OR Indefinite

Clarification of Response (if Necessary)

[]

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: []

Enter the total number of investors who already have invested in the offering: 39

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 469,700 Estimate

Clarification of Response (if Necessary)

Finders' Fees \$ [] Estimate

\$273,992 in cash, plus a warrant to purchase either 19,571 shares of Preferred Stock at \$10.00 per share or 195,708 shares of Common Stock at \$1.00 per share.

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)
PolyMedix, Inc.

Name of Signer
Edward F. Smith

Signature
[Handwritten signature]

Title
Vice President Finance, CFO and Secretary

Number of continuation pages attached: 4

Date
October 7, 2008

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 number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Smith	Edward	F.
Street Address 1	Street Address 2	
c/o PolyMedix, Inc., 170 N. Radnor Chester Road		
City	State/Province/Country	ZIP/Postal Code
Radnor	PA	19087
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Scott	Richard	W.
Street Address 1	Street Address 2	
c/o PolyMedix, Inc., 170 N. Radnor Chester Road		
City	State/Province/Country	ZIP/Postal Code
Radnor	PA	19087
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Eringis	Dawn	
Street Address 1	Street Address 2	
c/o PolyMedix, Inc., 170 N. Radnor Chester Road		
City	State/Province/Country	ZIP/Postal Code
Radnor	PA	19087
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
McAllister	Eric	
Street Address 1	Street Address 2	
c/o PolyMedix, Inc., 170 N. Radnor Chester Road		
City	State/Province/Country	ZIP/Postal Code
Radnor	PA	19087
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Korczak, First Name: Bozena, Middle Name: F.
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Slattery, First Name: Frank, Middle Name: P.
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Anderson, First Name: Brian, Middle Name:
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

Last Name: Kelley, First Name: William, Middle Name: N.
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Lewis, First Name: Michael, Middle Name: E.
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: O'Malley, First Name: Shaun, Middle Name: P.
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Loren, First Name: Stefan, Middle Name:
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Bank, First Name: Richard, Middle Name: W.
Street Address 1: c/o PolyMedix, Inc., 170 N. Radnor Chester Road, Street Address 2:
City: Radnor, State/Province/Country: PA, ZIP/Postal Code: 19087
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient

[Empty text box]

(Associated) Broker or Dealer None

Carter Securities LLC

Street Address 1

725 Fifth Avenue

City

New York

Recipient CRD Number

[Empty text box]

No CRD Number

(Associated) Broker or Dealer CRD Number

136350

No CRD Number

Street Address 2

24th Floor

State/Province/Country

NY

ZIP/Postal Code

10022

States of Solicitation All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input checked="" type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

Recipient

[Empty text box]

(Associated) Broker or Dealer None

[Empty text box]

Street Address 1

[Empty text box]

City

[Empty text box]

Recipient CRD Number

[Empty text box]

No CRD Number

(Associated) Broker or Dealer CRD Number

[Empty text box]

No CRD Number

Street Address 2

[Empty text box]

State/Province/Country

[Empty text box]

ZIP/Postal Code

[Empty text box]

END

States of Solicitation All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR