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OMB APPROVAL

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FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

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

Item 1. Issuer's Identity

Name of Issuer:

Jurisdiction of Incorporation/Organization:

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

Previous Name(s) None

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:

City: State/Province/Country: ZIP/Postal Code: Phc:

Street Address 2:

Barcode:  08067087

Item 3. Related Persons

Last Name: First Name: Middle Name:

Street Address 1:

City: State/Province/Country: ZIP/Postal Code:

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary):

Stamp: PROCESSED DEC 02 2008 THOMSON REUTERS NOV 20 2008 Washington, DC 111

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

Item 4. Industry Group (Select one)

Agriculture

Banking and Financial Services
 Commercial Banking
 Insurance
 Investing
 Investment Banking
 Pooled Investment Fund
 If selecting this industry group, also select one fund type below and answer the question below:
 Hedge Fund
 Private Equity Fund
 Venture Capital Fund
 Other Investment Fund
 Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No
 Other Banking & Financial Services

Business Services

Energy
 Electric Utilities
 Energy Conservation
 Coal Mining
 Environmental Services
 Oil & Gas
 Other Energy

Health Care
 Biotechnology
 Health Insurance
 Hospitals & Physicians
 Pharmaceuticals
 Other Health Care

Manufacturing

Real Estate
 Commercial

Construction
 REITS & Finance
 Residential
 Other Real Estate

Retailing

Restaurants

Technology
 Computers
 Telecommunications
 Other Technology

Travel
 Airlines & Airports
 Lodging & Conventions
 Tourism & Travel Services
 Other Travel

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)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6) | <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 type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input checked="" 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 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 \$ 10,000

Item 12. Sales Compensation

Recipient: Bathgate Capital Partners, LLC; Recipient CRD Number: 38923; (Associated) Broker or Dealer: None; (Associated) Broker or Dealer CRD Number: No CRD Number

Street Address 1: 5350 South Roslyn, Suite 400; Street Address 2: No CRD Number

City: Greenwood Village; State/Province/Country: CO; ZIP/Postal Code: 80111

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 \$ 500,000 OR Indefinite

(b) Total Amount Sold \$ 75,000

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 425,000 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: 2

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 \$ 3,750 Estimate

Finders' Fees \$ Estimate

Clarification of Response (if Necessary)

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)

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)

Apró Bio Pharmaceutical Corporation

Name of Signer

Edward C. Larkin

Signature

Edward C. Larkin

Title

Interim CFO

Number of continuation pages attached:

Date

11/14/08

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: Bathgate, First Name: Stephen, Middle Name: M
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2:
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Kramer, First Name: Al, Middle Name:
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2:
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Iseman, First Name: Michael, Middle Name:
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2:
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary):

Last Name: Wort, First Name: Michael, Middle Name:
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2:
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Interim CEO and Director

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

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Dragul, First Name: Paul, Middle Name: []
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2: []
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: Larkin, First Name: Edward, Middle Name: Colby
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2: []
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Interim CFO

Last Name: Olson, First Name: David, Middle Name: []
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2: []
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Past CEO and Director

Last Name: Floor, First Name: David, Middle Name: []
Street Address 1: 5350 South Roslyn, Suite 400, Street Address 2: []
City: Greenwood Village, State/Province/Country: CO, ZIP/Postal Code: 80127
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): Past Executive Vice President

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

END