FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

- Mail Mail Processing Section

TEMPORARY FORM D

MAR 12 2009

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

OMB APPROVAL

OMB Number:

3235-0076

Expires: March 15, 2009

Estimated average burden Hours per response: 4.00

MAR 2 7 200/42786/

Washington, DC SECTION 4(6), AND/OR THUM 106 UNIFORM LIMITED OFFERING EXEMPTION	VISON REUTERS
Name of Offering (check if this is an amendment and name has changed, and indicate change Invus Alternative Strategy Fund, L.P.	.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	1 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Invus Alternative Strategy Fund, L.P.	09035269
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Invus Financial Advisors GP, L.L.C., 126 East 56th Street, 16th Floor, New York, New York 10022	Telephone Number (Including Area Code) 212-616-2555
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business To operate as a private investment fund.	
Type of Business Organization corporation limited partnership, already formed other	r (please specify): Cayman Islands exempted
☐ business trust ☐ limited partnership, to be formed	company
Actual or Estimated Date of Incorporation or Organization: Month Year 03 07	
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State:

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

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, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) 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 the 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.

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 to 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.

•	-				A. BASIC IDEN	ITIFICA	TION DATA		
2.	Ent	er the information	n ragi	sected for th					
2.			-		e issuer has been organized	Lwithin	the nact five years		
	0	-						o of 100% or more o	of a class of equity securities
	0	of the issuer;	ı owne	er naving in	e power to vote or dispose,	or direc	tine vote or disposition	i oi, 10% of more o	it a class of equity securities
	o	Each executive	offic	er and direct	or of corporate issuers and	of corpo	orate general and mana	ging partners of par	tnership issuers; and
	o	Each general a	nd ma	naging parti	ner of partnership issuers.				
Check I	Box(e	s) that Apply:		Promoter	Beneficial Owner		Executive Officer	Director	General Partner
Full Na		ast name first, if			2.				
Busines	s or F	Residence Addre	ss	(Numbe	er and Street, City, State, Z				
Check I		Seast 56th Streets) that Apply:	et, 161	th Floor, No Promoter	ew York, New York 10022 Beneficial Owner	: 	Executive Officer	Director	
		ast name first, if	indiv	idual)					
Dusings		vus Financial Ac Residence Addre			er and Street, City, State, Z	in Code)			
Busines				•	er and Street, City, State, Ziew York, New York 10022	-			
Check I	Box(e	s) that Apply:		Promoter	☐ Beneficial Owner		Executive Officer	Director	Managing Member of the General Partner
Full Na		Last name first, it	indiv	idual)					
Busines		Residence Addre			er and Street, City, State, Z ew York, New York 1002				
Check I		s) that Apply:		Promoter	Beneficial Owner		Executive Officer	☐ Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	indiv	idual)					
Busines	s or I	Residence Addre	ss	(Numbe	er and Street, City, State, Z	ip Code)			
Check l	Box(e	s) that Apply:		Promoter	Beneficial Owner		Executive Officer	☐ Director	General and/or Managing Partner
Full Na	me (I	ast name first, i	findiv	idual)					
Busines	s or I	Residence Addre	SS	(Numbe	er and Street, City, State, Z	ip Code))		
Check l	Box(e	es) that Apply:		Promoter	Beneficial Owner		Executive Officer	☐ Director	General and/or Managing Partner
Full Na	me (I	ast name first, i	findiv	idual)	<u>** ** ** ** ** ** * * * * * * * * *</u>				
Busines	ss or I	Residence Addre	SS	(Numbe	er and Street, City, State, Z	ip Code)		
Check	Box(e	es) that Apply:		Promoter	☐ Beneficial Owner		Executive Officer	☐ Director	General and/or Managing Partner
Full Na	me (I	_ast name first, i	f indiv	ridual)	1000 10				<u> </u>
Busine	ss or l	Residence Addre	SS	(Numb	er and Street, City, State, Z	ip Code)		·

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В. П	NFORMAT	TION ABO	UT OFFER	UNG				
	Ans hat is th	wer also i	in Appendi m investm	x, Column ent that wil	2, if filing ll be accept	under ULC ed from an	DE.	estors in thi			<u>\$.5</u> Yes	No ⊠ 50,000,000 No	*
4. En ren age per	iter the	information for so broker or be listed	on requeste	ed for each of purchase	person who rs in conne h the SEC	o has been ction with: and/or with	or will be p sales of sec a state or:	paid or give urities in th states, list the may set for	n, directly are offering. The name of	or indirecti If a persor the broker	y, any com	If more tha	n five (5)
Full Name	`												
Business or	r Resido	ence Addı	ess (Numb	er and Stre	et, City, St	ate, Zip Co	ode)						
Name of A	ssociate	ed Broker	or Dealer										
States in w	hich Pe	rson Liste States" o	ed Has Soli	cited or Int	tends to So	licit Purcha	asers					☐ All	States
(AI [IL] [M] [RI	L]] T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last r	ame first,	if individu	ıal)	·								
Business o	r Resid	ence Add	ress (Numl	per and Str	eet, City, S	tate, Zip C	ode)			-			
Name of A	Associat	ed Broke	r or Dealer										
States in w	which Peck "Al	erson List l States" (ed Has Sol or check in	icited or In dividual St	itends to So ates)	olicit Purch	asers					☐ Al	States
[A] [IL [M [R]	_] [T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	e (Last	name first	, if individ	ual)									
Business o	or Resid	dence Ado	lress (Num	ber and Str	reet, City, S	State, Zip C	Code)						
Name of A	Associa	ted Broke	r or Dealer										
States in v	which P	erson Lis	ted Has So or check in	licited or Individual S	ntends to S tates)	olicit Purch	nasers					☐ A	1 States
[II [N	AL] L] MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [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

Type of Security Debt Sequity Solution	1.	Enter the aggregate offering price of securities included in this offering and the total amount already s "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the co the securities offered for exchange and already exchanged.	old. Enter "0" is lumns below the	f ansv amo	we	r is	of
Debt		m 60 v	Offering	1			Amount Aiready
Equity S S S S Convertible		••				\$ 0	
Convertible Securities (including warrants) So So				—	-	•	
Convertible Securities (including warrants) Signature		• •	Φ		-	Ψ	
Partnership Interests			\$0			\$0	
Other (Specify)				00	•	\$2	5,400,000
Total		•			•	_	
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 Amount)0	•		
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			41,000,000,00				2,100,000
Accredited Investors 8 \$ \$25,400,00 Non-accredited Investors 0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0	2.	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have p	ourchased securit	ties a	ite nd	the	e ggregate Dollar Amount of
Non-accredited Investors		and the same of th				e a	
Total (for filing under Rule 504 only)							
Answer also in Appendix, Column 4, if filing under ULOE. 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 Rule 505				—		<u> </u>	
Type of Offering Rule 505 Security Amou Rule 505 Security Regulation A. S Regulation A. S Rule 504 S Total S 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 S Printing and Engraving Costs S Legal Fees S Accounting Fees S Engineering Fees S Sales Commissions (specify finders' fees separately) S Solution S Security Amounts selective Amounts selection selection selection selection selection selection such 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 S [] \$0 Sales Commissions (specify finders' fees separately) S Solution A S Amount of S Security Amounts selection	3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this of	s sold by the issu fering. Classify	secu	riti	ate	by
Regulation A		Type of Offering					Dollar Amount Sold
Rule 504							\$
Total		Regulation 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 Fees		Rule 504					\$
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 [] \$0 Printing and Engraving Costs [X] \$* Legal Fees [X] \$* Accounting Fees [X] \$* Engineering Fees [] \$0 Sales Commissions (specify finders' fees separately) [] \$0		Total	•				\$
Printing and Engraving Costs [X] \$* Legal Fees [X] \$* Accounting Fees [X] \$* Engineering Fees [] \$0 Sales Commissions (specify finders' fees separately) [] \$0	4.	amounts relating solely to organization expenses of the issuer. The information may be given as subj	ectto future con	g. Ex tinge	kcl nci	ud ies.	e If
Legal Fees		Transfer Agent's Fees		[]	\$0
Accounting Fees		Printing and Engraving Costs		[]	X]	<u>\$*</u>
Engineering Fees		Legal Fees.		[]	X]	<u>\$*</u>
Sales Commissions (specify finders' fees separately)		Accounting Fees		[]	X]	<u>\$*</u>
		Engineering Fees		[]	\$0
Other Expenses (identify)		Sales Commissions (specify finders' fees separately)	••••••	[]	\$0
		Other Expenses (identify)		[X]	<u>\$*</u>
Total		Total		[X]	\$100,000*

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

5.	issuer." 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		[]	\$	[]	\$				
	Purchase of real estate		[]	\$	[]	\$				
	Purchase, rental or leasing and installation of machinery and equip	ment	[]	\$	[}	\$				
	Construction or leasing of plant buildings and facilities		[]	\$	[]	\$				
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the asset securities of another issuer pursuant to a merger)		ĺ]	\$	[]	\$				
	Repayment of indebtedness		[]	\$	[]	\$				
	Working capital		[]	\$	[]	\$				
	Other (specify): <u>Investment Capital</u>		[]	\$	[}	\$999,900,000				
	Column Totals		[]	\$	[]	\$999,900,000				
	Total Payments Listed (column totals added)				[] <u>9</u>	S999 <u>,</u>	900,0	000				
_	D. FEDI	ERAL SIC	SNAT	URE								
ie	e issuer has duly caused this notice to be signed by the undersigned of nature constitutes an undertaking by the issuer to furnish to the U.S. ormation furnished by the issuer to any non-accredited investor pursu	Securities ant to part	and I ragrap	Excha h (b)	ange Commission, (2) of Rule 502.	filed upon	l unde writ	er Rule 505, the following ten request of its staff, th				
ss		ignature		•	\mathcal{A}		I	Date / C				
n	vus Alternative Strategy Fund, L.P.	\searrow_{κ}		ما				2/10/09				
la	me of Signer (Print or Type)	itle of Sig	gner (F	rint (or Type)			, , ,				
Je			ging Member of Invus Financial Advisors, L.L.C, its the three timent Manager									

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	D. OTT A TOTAL OF STATE OF STA	ALTEVINO
	E. STATE SIG	
1.	1. Is any party described in 17 CFR 230.262 presently subject to any of the	Yes No isqualification provisions of such rule?
	See Appendix, Column 5, for state re	sponse. Not applicable
2.	2. The undersigned issuer hereby undertakes to furnish to any state adminis (17 CFR 239.500) at such times as required by state law. Not applicable	trator of any state in which this notice is filed, a notice on Form D
3.	3. The undersigned issuer hereby undertakes to furnish to the state adminis offerees. Not applicable	rators, upon written request, information furnished by the issuer to
4.	4. The undersigned issuer represents that the issuer is familiar with the con Offering Exemption (ULOE) of the state in which this notice is filed exemption has the burden of establishing that these conditions have been	and understands that the issuer claiming the availability of this
	The issuer has read this notification and knows the contents to be true ar undersigned duly authorized person.	d has duly caused this notice to be signed on its behalf by the
Icc	Issuer (Print or Type) Signat	fre / Date
	Invus Alternative Strategy Fund, L.P.	shit 3/10/09
Na	Name (Print or Type) Title	rint or Type)
Le	Leslie Lake Manag	ing Member of Invus Financial Advisors, L.L.C, its

Investment Manager

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

INVUS ALTERNATIVE STRATEGY FUND, L.P.

1	2	ī	INVUS ALTI		4	I UIII, Lil			5
1	Intend to non-accordinvest Sta	o sell to redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	nvestor and amo (Part C-It	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AK									
AL									
AR									
AZ									
CA									
СО									
CT		Х	X	1	\$10,000,000	0	0		
DC									
DE									
FL									
GA									
HI									
IA									
ID									
IL		X	X	1	\$400,000	0	0		
IN									
KS									
KY									
LA									
MA		X	Х	1	\$1,000,000	0	0		
MD	<u> </u>								
ME									
MI									
MN									
МО		ļ							
MS									
MT						<u> </u>			

SEC 1972 (1/94)

APPENDIX

INVUS ALTERNATIVE STRATEGY FUND, L.P.

			INVUS ALT	ERNATIVE		FUND, L.P.	·		
1	2		3		4			Not Ap Disqual	5 plicable ification
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of it	nvestor and amo (Part C-It	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NC									
ND									
NE									
NH									
NJ									
NM						-			
NV									
NY		Х	Х	5	\$14,000,000	0	0		
ОН									
OK									
OR									
PA									
PR									
RI									
SC									
SD									
TN									
TX									
UT									
VA									
VI									
VT									
WA									
WI									
WV									
WY									

END