

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.

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| OMB APPROVAL                                      |
| OMB Number: 3235-0076                             |
| Expires: March 31, 2009                           |
| Estimated average burden hours per response: 4.00 |

Item 1. Issuer's Identity

Name of Issuer  
FrontPoint Onshore Healthcare Long Horizons Fund, L.P.

Jurisdiction of Incorporation/Organization  
Delaware

Previous Name(s)  None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

Year of Incorporation/Organization (Select one)

Over Five Years Ago  Within Last Five Years (specify year) 2006  Yet to Be Formed

(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: Two Greenwich Plaza  
City: Greenwich State/Province/Country: CT ZIP/Postal Code: 06830 Phone No.: 203-622-5200

Item 3. Related Persons

Last Name: FrontPoint Healthcare Long Horizons Fund GP, LLC  
Street Address 1: Two Greenwich Plaza City: Greenwich State/Province/Country: CT ZIP/Postal Code: 06830

Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary): General Partner of the Issuer

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THOMSON REUTERS  
Washington, DC 105

(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
- Computers
- Hedge Fund
- Other Energy
- Telecommunications
- Private Equity Fund
- Health Care
- Other Technology
- Venture Capital Fund
- Biotechnology
- Travel
- Other Investment Fund
- Health Insurance
- Airlines & Airports
- Is the issuer registered as an investment company under the Investment Company Act of 1940?  Yes  No
- Hospitals & Physicians
- Pharmaceuticals
- Other Health Care
- Other Banking & Financial Services
- Manufacturing
- Real Estate
- Commercial



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)

- Rule 504(b)(1) (not (i), (ii) or (iii))
Rule 504(b)(1)(i)
Rule 504(b)(1)(ii)
Rule 504(b)(1)(iii)
Rule 505
Rule 506
Securities Act Section 4(6)
Investment Company Act Section 3(c)
Section 3(c)(1)
Section 3(c)(2)
Section 3(c)(3)
Section 3(c)(4)
Section 3(c)(5)
Section 3(c)(6)
Section 3(c)(7)
Section 3(c)(9)
Section 3(c)(10)
Section 3(c)(11)
Section 3(c)(12)
Section 3(c)(13)
Section 3(c)(14)

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: November 3, 2006 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)

- Equity
Debt
Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
Pooled Investment Fund Interests
Tenant-in-Common Securities
Mineral Property Securities
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)

Empty box for clarification of response.

**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   No CRD Number

Street Address 1  Street Address 2

City  State/Province/Country  ZIP/Postal Code

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

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:

**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 \$   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)

[Empty box for clarification]

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)  
FrontPoint Onshore Healthcare Long Horizons Fund, L.P.

Name of Signer  
T.A. McKinney  
Authorized Signatory

Signature

Title  
[Empty box]

Number of continuation pages attached: [2]

Date  
3/19/09

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: FrontPoint Partners LLC  
First Name:   
Middle Name:   
Street Address 1: Two Greenwich Plaza  
Street Address 2:   
City: Greenwich  
State/Province/Country: CT  
ZIP/Postal Code: 06830  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Hagarty  
First Name: John  
Middle Name:   
Street Address 1: Two Greenwich Plaza  
Street Address 2:   
City: Greenwich  
State/Province/Country: CT  
ZIP/Postal Code: 06830  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: McKinney  
First Name: T.A.  
Middle Name:   
Street Address 1: Two Greenwich Plaza  
Street Address 2:   
City: Greenwich  
State/Province/Country: CT  
ZIP/Postal Code: 06830  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Boyle  
First Name: Geraldine  
Middle Name:   
Street Address 1: Two Greenwich Plaza  
Street Address 2:   
City: Greenwich  
State/Province/Country: CT  
ZIP/Postal Code: 06830  
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: Jacoby, First Name: William, Middle Name: [ ]  
Street Address 1: Two Greenwich Plaza, Street Address 2: [ ]  
City: Greenwich, State/Province/Country: CT, ZIP/Postal Code: 06830  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary): [ ]

Last Name: Mendelsohn, First Name: Eric, Middle Name: [ ]  
Street Address 1: Two Greenwich Plaza, Street Address 2: [ ]  
City: Greenwich, State/Province/Country: CT, ZIP/Postal Code: 06830  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary): [ ]

Last Name: Eng, First Name: Michelle, Middle Name: [ ]  
Street Address 1: Two Greenwich Plaza, Street Address 2: [ ]  
City: Greenwich, State/Province/Country: CT, ZIP/Postal Code: 06830  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary): [ ]

Last Name: [ ], First Name: [ ], Middle Name: [ ]  
Street Address 1: [ ], Street Address 2: [ ]  
City: [ ], State/Province/Country: [ ], ZIP/Postal Code: [ ]  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary): [ ]

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

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