

FORM D

Notice of Exempt Offering of Securities

1138790

OMD APPROVAL

OMD Number: 3235-0076
Expires: March 31, 2009
Estimated average burden hours per response: 00.40

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

Goldman Sachs Global Opportunities Fund, LLC

Previous Name(s) [] None

Jurisdiction of Incorporation/Organization

DE

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 [] Yet to Be Formed

(specify year)

(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

32 Old Slip

Street Address 2

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City

New York

State/Province/Country

NY

ZIP/Postal Code

10005

Phone No.

Washington, DC
(212) 902-1003

Item 3. Related Persons

Last Name

Goldman Sachs Asset Management, L.P.

First Name

Middle Name

Street Address 1

32 Old Slip

Street Address 2

City

New York

State/Province/Country

NY

ZIP/Postal Code

10005

Phone No.

(212) 902-1000

- Relationship(s): [] Executive Officer [] Director [] Promoter*

Clarification of Response (if necessary): *the Issuer's Managing Member

(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
[] 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

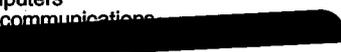
Technology

- [] Computers
[] Telecommunications

Travel

- []
[]
[]
[]

[] Other



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Item 5. Issue 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 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

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

Investment Company Act Section 3(c)

- 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)

- 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)

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Item 7. Type of Filing

New Notice OR Amendment

Date of First Sale in this Offering:

April 1, 2001

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)

Limited Liability Company Units

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 \$ 0

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 \$ 1,582,407,196

(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 total number of investors who have already 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.

\$

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.)

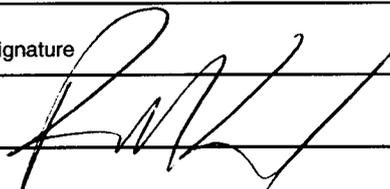
Issuer(s)

Goldman Sachs Global Opportunities Fund, LLC

Name of Signer

Richard Cundiff

Signature



Title

Authorized Person

Number of continuation pages attached:

3

Date

March 12, 2009

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 Person (Continued)

Last Name Goldman Sachs Management, Inc.		First Name		Middle Name	
Street Address 1 32 Old Slip		Street Address 2			
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/> Promoter*					
Clarification of Response (if necessary): *General and/or Managing Partner					

Last Name Beinner		First Name Jonathan		Middle Name A.	
Street Address 1 32 Old Slip		Street Address 2			
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

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Last Name Clark		First Name James		Middle Name B.	
Street Address 1 32 Old Slip		Street Address 2 Washington, DC 100		Phone No.	
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

Last Name Finkelstein		First Name Sam		Middle Name W.	
Street Address 1 32 Old Slip		Street Address 2			
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

Item 3 Continuation Page

Item 3. Related Person (Continued)

Last Name Gross		First Name Roberta		Middle Name M.	
Street Address 1 32 Old Slip			Street Address 2		
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

Last Name Johnson		First Name Michael		Middle Name	
Street Address 1 32 Old Slip			Street Address 2		
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

Last Name Kenny		First Name Thomas		Middle Name	
Street Address 1 32 Old Slip			Street Address 2		
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

Last Name Sullivan		First Name Christopher		Middle Name	
Street Address 1 32 Old Slip			Street Address 2		
City New York		State/Province/Country NY	ZIP/Postal Code 10005	Phone No.	
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter					
Clarification of Response (if necessary):					

Item 3 Continuation Page

Item 3. Related Person (Continued)

Last Name: Topping First Name: Kenneth Middle Name: A.

Street Address 1: 32 Old Slip Street Address 2:

City: New York State/Province/Country: NY ZIP/Postal Code: 10005 Phone No.:

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: Phone No.:

Relationship(s): Executive Officer Director Promoter

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Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code: Phone No.:

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: Phone No.:

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if necessary):
