

FORM ADV**UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT
BY EXEMPT REPORTING ADVISERS****Primary Business Name: WESTOVER CAPITAL ADVISORS, LLC****CRD Number: 126520****State Initial - Item 1 Identifying Information****Rev. 10/2012**

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

WESTOVER CAPITAL ADVISORS, LLC

B. Name under which you primarily conduct your advisory business, if different from Item 1.A.:

WESTOVER CAPITAL ADVISORS, LLC

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.), enter the new name and specify whether the name change is of

☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-64380**

(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:

E. If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **126520**

If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.

F. *Principal Office and Place of Business*

(1) Address (do not use a P.O. Box):

Number and Street 1:

1013 CENTRE RD,

City:

WILMINGTON

State:

Delaware

Number and Street 2:

SUITE 405

Country:

UNITED STATES

ZIP+4/Postal Code:

19805

If this address is a private residence, check this box: ☐

List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of

your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest five offices in terms of numbers of employees.

(2) Days of week that you normally conduct business at your *principal office and place of business*:

☒ Monday - Friday ☐ Other:

Normal business hours at this location:

9:00 AM - 5:00 PM

(3) Telephone number at this location:

302-427-9600

(4) Facsimile number at this location:

302-427-8900

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

Yes No

I. Do you have one or more websites?

☒ ☐

If "yes," list all website addresses on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. Some advisers may need to list more than one portal address. Do not provide individual electronic mail (e-mail) addresses in response to this Item.

J. Provide the name and contact information of your Chief Compliance Officer: If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Other titles, if any:

HAROLD M. SAWYER, III

VICE PRESIDENT

Telephone number:

Facsimile number:

302-427-8080

302-427-8900

Number and Street 1:

Number and Street 2:

1013 CENTRE RD

SUITE 405

City:

State:

Country:

ZIP+4/Postal Code:

WILMINGTON

Delaware

UNITED STATES

19805

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

CHIP@WESTOVERCAPITAL.COM

- K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:		Titles:	
CATHERINE CREPACK		INVESTMENT SERVICES ADMINISTRATOR	
Telephone number:		Facsimile number:	
302-427-8800		302-427-8900	
Number and Street 1:		Number and Street 2:	
1013 CENTRE RD		SUITE 405	
City:	State:	Country:	ZIP+4/Postal Code:
WILMINGTON	Delaware	UNITED STATES	19805

Electronic mail (e-mail) address, if contact person has one:
CATHERINE@WESTOVERCAPITAL.COM

Yes No

- L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*? ☐ ☒

If "yes," complete Section 1.L. of Schedule D.

Yes No

- M. Are you registered with a *foreign financial regulatory authority*? ☐ ☒

Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete Section 1.M. of Schedule D.

Yes No

- N. Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934? ☐ ☒
If "yes," provide your CIK number (Central Index Key number that the SEC assigns to each public reporting company):

Yes No

- O. Did you have \$1 billion or more in assets on the last day of your most recent fiscal year? ☐ ☒

- P. Provide your *Legal Entity Identifier* if you have one:

A legal entity identifier is a unique number that companies use to identify each other in the financial marketplace. In the first half of 2011, the legal entity identifier standard was still in development. You may not have a legal entity identifier.

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

No Information Filed

SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D Section 1.L. for each location.

Name of entity where books and records are kept:

H. MURRAY SAWYER, JR.

Number and Street 1:

915 WESTOVER ROAD

Number and Street 2:

City:

WILMINGTON

State:

Delaware

Country:

UNITED STATES

ZIP+4/Postal Code:

19807

If this address is a private residence, check this box: ☒

Telephone Number:

(302) 658-7994

Facsimile number:

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☒ other.

Briefly describe the books and records kept at this location:

FINANCIAL RECORDS

SECTION 1.I. Website Addresses

List your website addresses. You must complete a separate Schedule D Section 1.I. for each website address.

Website Address: HTTP://WWW.WESTOVERCAPITAL.COM

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

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