FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1200	375
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OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden
hours per response ...... 16.00

SEC USE (	ONLY
Prefix	Serial
DATE REC	EIVED

N COS : (	
Name of Offering ( check if this is an amendment and name has changed, a	<i>G</i> ,
Series C Preferred Stock and the underlying Common Stock issuable upon of	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rul	e 506 🔲 Section 4(6) 🔲 ULOE
Type of Filing:   New Filing ☐ Amendment	
A. BASIC IDENTIFIC	ATION DATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and	indicate change.)
Codexis, Inc.	
Address of Executive Offices (Number and Street, City, State, Z	ip Code) Telephone Number (Including Area Code)
200 Penobscot Drive, Redwood City, CA 94063	(650) 980-5600
Address of Principal Business Operations (Number and Street, City, State, Z	ip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business Biotechnology Product Development	
Type of Business Organization	DOCATAGE
☐ corporation ☐ limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	. , , ,
Month Ye	ear AUG 13 2004
Actual or Estimated Date of Incorporation or Organization: 0 1 0	2 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Ser	
	, IIIANACIAL
CN for Canada: FN for other for	preign jurisdiction) D E

## GENERAL INSTRUCTIONS

# 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, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) 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.

State: 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 IN	ENTIFICATION DATA		
2. Enter the information requested for the		SNITHICATION DATA		
• Each promoter of the issuer, if the		within the nest five year		
Each beneficial owner having the r	ower to vote or dispose	or direct the vote or dispo	sition of 100/	or more of a class of equity securities
,				
Each executive officer and director      Each general and managing and managin	of corporate issuers and	of corporate general and i	managing partne	ers of partnership issuers: and
Each general and managing partner	of partnership issuers.		0 01	respectively, and
Check Box(es) that Apply:  Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first, if individual)				Managing Partner
Maxygen, Inc.				
Business or Residence Address (Number a			<del></del>	
515 Galveston Drive, Redwood City, CA 9	und Street, City, State, Zip 4063	Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer		
	ZA Beneficial Owner	Tyecutive Officer	Director	General and/or
Full Name (Last name first, if individual)				Managing Partner
Pequot Private Equity Fund III, L.P.				
Business or Residence Address (Number a	nd Street City State Zin	(Code)		
500 Nyala Farm Road, Westport, CT 0688	0			
Check Box(es) that Apply:	Beneficial Owner	☐ Executive Officer	Director	General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Pequot Offshore Private Equity Partners I				
Business or Residence Address (Number at	nd Street, City, State, Zip	Code)		
500 Nyala Farm Road, Westport, CT 0688	0			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if individual)				Managing Partner
CMEA Ventures Life Sciences 2000, L.P.				
Business or Residence Address (Number at	nd Street, City, State, Zip	Code)		
One Embarcadero Center, Suite 3250, San	Francisco, CA 94111			
Check Box(es) that Apply:   Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
T				Managing Partner
Full Name (Last name first, if individual)				3.82
CMEA Ventures Life Sciences 2000, Civil 1	Law Partnership			
Business or Residence Address (Number ar	nd Street, City, State, Zip	Code)	<del></del>	
One Embarcadero Center, Suite 3250, San		,		
Check Box(es) that Apply Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Least some first (First Sold 2)				Managing Partner
Full Name (Last name first, if individual)  Chevron Technology Ventures, LLC				
Business or Residence Address (Number an 100 Chevron Way, Richmond, CA 94802	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Full Name (Last name first, if individual)			-	Managing Partner
Baruch, Thomas R.				
	104	<u> </u>		
Business or Residence Address (Number an				
c/o CMEA Ventures, One Embarcadero Ce	nter, Suite 3250, San Fra	incisco, CA 94111		

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Enright, Patrick Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pequot Ventures, 500 Nyala Farm Road, Westport, CT 06880 Check Box(es) that Apply: Promoter Beneficial Owner ■ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Shaw, Alan Business or Residence Address (Number and Street, City, State, Zip Code) c/o Codexis, Inc., 200 Penobscot Drive, Redwood City, CA 94063 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Howard, Russell J. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Codexis, Inc., 200 Penobscot Drive, Redwood City, CA 94063 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gill, Simba Business or Residence Address (Number and Street, City, State, Zip Code) c/o Codexis, Inc., 200 Penobscot Drive, Redwood City, CA 94063 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Briscoe, Lawrence W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Codexis, Inc., 200 Penobscot Drive, Redwood City, CA 94063 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kelly, Bernard J. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Codexis, Inc., 200 Penobscot Drive, Redwood City, CA 94063 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gianakakos, Tassos Business or Residence Address (Number and Street, City, State, Zip Code) c/o Codexis, Inc., 200 Penobscot Drive, Redwood City, CA 94063

				B. IN	FORMAT	ION ABO	UT OFFEI	RING				
						<u></u>					Yes	No
1. Has the	issuer sold	, or does the		nd to sell, to er also in A								$\boxtimes$
2. What is	s the minim	um investm									\$ N/A	
											Yes	No
3. Does th	ne offering p	ermit joint	ownership (	of a single u	ınit?		***********					$\boxtimes$
commis a perso states, l broker	he informat ssion or sim n to be liste list the nam or dealer, yo (Last name	ilar remuned is an asso e of the broom may set to	ration for so ciated perso oker or deal forth the inf	olicitation o on or agent er. If more	f purchaser of a broker than five (	s in connector or dealer response (5) persons	tion with sa egistered w to be listed	les of secur ith the SEC	ities in the and/or wit	offering. If h a state or	·	
run Name	(Last name	iirst, ii iiid	(Vidual)									
Rusiness	r Residence	Address (N	Jumber and	Street City	State Zir	Code)						
Dusiness 0	r residence	Address (1	turroer und	Succi, City	, state, zip	(Code)						
Name of A	ssociated B	roker or De	ealer						<del></del> _			
Name of A	issociated D	TORCI OI DE	arci									
States in V	Vhich Person	u Listad II.a	a Calinitad	- Tue - de 4.	Caliait Da					<del> </del>		
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Jumber and	Street, City	State Zir	Code)						
					,	,						
Name of A	ssociated B	roker or De	aler	·	<del></del> _		<del></del>					
States in W	Vhich Person	n Listed Ha	s Solicited	or Intends to	Solicit Pu	rchasers			·	<del></del>		
												☐ All States
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[IL]	[IN]	[IA]	[KS]	[KY] ~		[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number and	Street, City	, State, Zip	Code)			<del></del> -		<u></u>	
Name of A	ssociated B	Broker or De	ealer									
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Inter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and ndicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$ 0.00 0.00 0.00 0.00 Common Preferred Series C Preferred Stock convertible into shares of Common Stock \$ 9,999,989.22 9,999,989.2 0.00 0.00 Partnership Interests \$ 0.00 0.00 )......\$ Other (Specify \_\_\_\_ 0.00 0.00 \$ 9,999,989.22 Answer also in Appendix, Column 3, if filing under ULOE. 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." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors \$ 9,999,989.22 Non-accredited Investors \$ 0.00 0.00 Total (for filings under Rule 504 only).... N/A \$ 0.00 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. Dollar Amount Type of Type of offering Security Sold Rule 505 None 0.00 Regulation A None 0.00 Rule 504 0.00 None Total 0.00 None 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. П \$ N/A Printing and Engraving Costs....  $\Box$ \$ N/A X Legal Fees \$50,000.00 Accounting Fees \$ N/A Engineering Fees. \$ N/A Sales Commissions (specify finders' fees separately)..... \$ N/A ..... Other Expenses (identify) \$ N/A 冈 Total ..... \$50,000.00

	b. Enter the difference between the agg and total expenses furnished in response proceeds to the issuer."	to Part C - Question	1.a. Th	s difference is the "adjusted	gros					
5.	Indicate below the amount of the adjusted as the purposes shown. If the amount for any left of the estimate. The total of the paym forth in response to Part C - Question 4.b at	purpose is not known, ents listed must equal	furnish	an estimate and check the box	to th	е				
	Total arresponde to Fact of Question file an						Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees					\$	0.00		\$	0.00
	Purchase of real estate					\$	0.00		\$	0.00
	Purchase, rental or leasing and install	ation of machinery ar	ıd equip	ment		\$	0.00		\$	0.00
	Construction or leasing of plant build	lings and facilities				\$	0.00		<u>\$</u>	0.00
	Acquisition of other business (includ may be used in exchange for the asse					\$	0.00		<u>\$</u>	0.00
	Repayment of indebtedness	,				<u>\$</u>	0.00		<u>\$</u>	0.00
	Working capital					\$	0.00	$\boxtimes$	<u>\$</u>	9,949,989.2
	Other (specify):					\$	0.00		<u>\$</u>	0.00
	Column Totals					<u>\$</u>	0.00	$\boxtimes$	<u>\$</u>	9,949,989.2
	Total Payments Listed (column totals	added)				-	<b>∑</b> <u>\$ 9,9</u>	49,989	.22	
1999		D EFF	) FD AT	SIGNATURE						
sig	ne issuer has duly caused this notice to be chature constitutes an undertaking by the isormation furnished by the issuer to any no	signed by the undersi	gned di	ly authorized person. If thi ecurities and Exchange Cor	nmiss	ion, t				
[ss	euer (Print or Type)	Signature	7				Date			
C	odexis, Inc.						08/09/04			
	ame of Signer (Print or Type)	1 -	•	nt or Type)	_					
T	assos Gianakakos	Vice Presi	dent, F	nance and Corporate Dev	elopn	ient				

**ATTENTION** 

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

5.

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.2	62 presently subject to any of the disqualific	ation provisions of such rule? Yes No							
		See Appendix, Column 5, for state response	onse.							
2.	The undersigned issuer hereby underta (17 CFR 239.500) at such times as requ	· · · · · · · · · · · · · · · · · · ·	ny state in which this notice is filed, a notice on Form D							
3.	The undersigned issuer hereby underta offerees.	kes to furnish to the state administrators, upo	on written request, information furnished by the issuer to							
4.	Offering Exemption (ULOE) of the		t must be satisfied to be entitled to the Uniform Limited restands that the issuer claiming the availability of this							
	suer has read this notification and know uthorized person.	s the contents to be true and has duly caused	this notice to be signed on its behalf by the undersigned							
Issuer	(Print or Type)	Signature	Date							
Code	xis, Inc.		08/09/04							
Name	(Print or Type)	Title (Print or Type)								
Tasso	s Gianakakos	Vice President, Finance and Corporate Development								

#### 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				
1	Intend to r accre invest	to sell non- edited tors in ate Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR		-							
CA	_								
СО									
СТ									
DE									
DC									
FL									
GA									
н									
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1	Intend to n accre invest Sta	on- dited	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH					· · · · · · · · · · · · · · · · · · ·				
NJ					-		···		
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WV						<del>                                     </del>			
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WY	-	-				++			
PR	<del> </del>	-							<b>_</b>

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