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

OMB APPROVAL

3235-0076 OMB Number:

April 30, 2008 Expires: Estimated average burden

hours per response 16.00



Name of Offering (check if this is an amendment and name has changed, and	indicate change.)
Sale and Issuance of Series D Preferred Stock and Warrant (including the share	es of (i) Series D Preferred Stock issuable upon exercise of the
Warrant and (ii) Common Stock issuable upon conversion of the Series D Pref	erred Stock)
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 5	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICAT	TION DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and in	dicate change.)
Codexis, Inc.	.
Address of Executive Offices (Number and Street, City, State, Zip	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, Zip	Code) Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business Biotechnology Product Development	₹
· ·	DROCECCEI
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	other (please specify): NOV 2 9 2008
Month Year	THOUSE
Actual or Estimated Date of Incorporation or Organization: 0 1 0	Z Actual Estimated THOINSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	
CN for Canada; FN for other fore	

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 IDE	NTIFICATION DATA		
 Enter the information requested for the feach promoter of the issuer, if the Each beneficial owner having the pof the issuer; Each executive officer and director Each general and managing partner 	issuer has been organized bower to vote or dispose, or of corporate issuers and or	r direct the vote or dispos	ition of, 10% or	more of a class of equity securities s of partnership issuers; and
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Maxygen, Inc.				
Business or Residence Address (Number 301 Galveston Drive, Redwood City, CA	•	Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Biomedical Sciences Investment Fund Pte				
Business or Residence Address (Number 210 Twin Dolphin Dr., Redwood City, C		Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) CMEA Ventures Life Sciences 2000, L.P.				
Business or Residence Address (Number One Embarcadero Center, Suite 3250, Sa		Code)		
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Pequot Private Equity Fund III, L.P.				
Business or Residence Address (Number 2500 Sand Hill Road, Menlo Park, CA 94		p Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Baruch, Thomas R.				
Business or Residence Address (Number c/o CMEA Ventures, One Embarcadero				
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 c/o Pequot Ventures, 2500 Sand Hill Roa	and Street, City, State, Zi	=		

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

	A BASIC IDE	NTIFICATION DATA								
2. Enter the information requested for th		NITITICATION DATA								
•	ū	within the nast five years								
 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 partr	ner 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) Howard, Russell J.										
Business or Residence Address (Numbe	r and Street, City, State, Zip	Code)								
c/o Maxygen, Inc., 301 Galveston 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) Kelley, Bernard J.										
Business or Residence Address (Numbe	r and Street, City, State, Zip	Code)								
c/o Codexis, Inc., 200 Penobscot Drive, I		,								
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Shaw, Alan										
Business or Residence Address (Numbe c/o Codexis, Inc., 200 Penobscot Drive, I		Code)								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Wang, Daniel I.C.										
Business or Residence Address (Numbe c/o Massachusetts Institute of Technology	•		66, 25 Ames Str	reet, Cambridge, MA 02139						
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Breuil, Robert S.										
Business or Residence Address (Number c/o Codexis, Inc., 200 Penobscot Drive, I	er and Street, City, State, Zip Redwood City, CA 94063	Code)								
Check Box(es) that Apply: Promoter		Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Grate, John				managing 1 minor						
Business or Residence Address (Number c/o Codexis, Inc., 200 Penobscot Drive, I		Code)								

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

				B. IN	FORMAT	ION ABO	UT OFFER	RING				
											Yes	No
1. Has the	issuer sold,	or does the	issuer inter						•••••			\boxtimes
					ppendix, Co							
2. What is the minimum investment that will be accepted from any individual?												
											Yes	No S
3. Does th	e offering p	ermit joint	ownership o	of a single u	ınit?	•••			••••••		Ц	
commis a persor states, I	sion or sim n to be liste ist the name	ilar remune d is an asso e of the bro	ed for each ration for so ciated perso ker or deale orth the info	olicitation on on or agent er. If more	f purchasers of a broker than five (s in connect or dealer re 5) persons	ion with sa gistered wi to be listed	les of securi th the SEC	ities in the and/or wit	offering. If h a state or		
Full Name	(Last name	first, if ind	ividual)									
N/A												
Business o	r Residence	Address (N	lumber and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler								••	
States in W	hich Person	n Listed Ha	s Solicited o	or Intends to	Solicit Pu	rchasers						
			lividual Stat				*************		***************************************			. 🔲 All States
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Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)					<u>-</u>	
Name of A	ssociated B	roker or Do	ealer	-								
			s Solicited o									
•			lividual Stat									
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	ealer									
Ctoton in 11	/high Dame-	n Listad II-	e Colinian	or Intenda t	o Soliais De	robacors	 		 			
			s Solicited (dividual Stat									. 🔲 All States
[AL]		or check inc	IIViduai Sia [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	. [ID]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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 control number.

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE (OF PROCEEDS			
En	Enter the aggregate offering price of securities included in this offering and the total amount already sold. ter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and licate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Already old
	Debt	<u>\$</u>	0.00		\$	0.00
	Equity	\$	<u>39,971,555.94</u>		\$ 39,9	71,555.9
	☐ Common ☒ Preferred					
	Convertible Securities (including warrants)**	\$	3,000,000.00		\$ 3,0	0.000,000
	**Warrant exercisable for shares of Series D Preferred Stock.					-
	Partnership Interests	\$	0.00		\$	0.00
	Other (Specify)				\$	0.00
	Total					971,555.9
	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."		Nachan			regate
			Number Investors			Amount rchases
	Accredited Investors		13		\$ 42,	971 <u>,555.9</u>
	Non-accredited Investors		N/A		\$	0.00
	Total (for filings under Rule 504 only)		N/A		\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	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		Type of Security			Amount Sold
	Rule 505		<u>N/A</u>		\$	0.00
	Regulation A		<u>N/A</u>		<u>\$</u>	0.00
	Rule 504		<u>N/A</u>		\$	0.00
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	•••••			\$ N/	<u>A</u>
	Printing and Engraving Costs				\$ N/	<u>A</u>
	Legal Fees			\boxtimes	\$40	00.00

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Blue Sky Filing Fees

Total

 \boxtimes

\$ N/A

\$ N/A

\$ N/A

\$950.00

\$40,950.00

	C. OFFERING PRICE,	NUMBER OF INV	ESTORS, I	EXPENSES AN	D U	SE OF	PROCEED	s		
	b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."								<u>\$42,93</u>	0,605.94
5.	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.									
	Total in response to 1 are - Question 4.0 above.					D	ayments to Officers, irectors, & Affiliates			ments to Others
	Salaries and fees					\$	0.00		\$	0.00
	Purchase of real estate					\$	0.00		\$	0.00
	Purchase, rental or leasing and installation of n	nachinery and equipr	nent			<u>\$</u>	0.00		\$	0.00
	Construction or leasing of plant buildings and	facilities				\$	0.00		\$	0.00
	Acquisition of other business (including the va may be used in exchange for the assets or secu					\$	0.00		\$	0.00
	Repayment of indebtedness					\$	0.00		\$	0.00
	Working capital					\$	0.00	\boxtimes	\$42,93	30,605.94
	Other (specify):					\$	0.00		\$	0.00
	Column Totals		,,			<u>\$</u>	0.00	\boxtimes	<u>\$42,93</u>	30,605.94
	Total Payments Listed (column totals added)		***************************************			٥	\$42,9	30,605	.94	
		D. FEDERAL :	SIGNATUI	RE						
sig	e issuer has duly caused this notice to be signed by mature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accredi	the undersigned dulurnish to the U.S. Se	ly authorized ecurities and	l person. If this Exchange Com	miss	ioп, uį				
ls	uer (Print or Type)	Signature	(1)	$I \cap O_{\alpha} \cap$			Date		<u>.</u> .	
C	odexis, Inc.	Vien	- 6	endels	w		November	1, 2006		_
Na	ame of Signer (Print or Type)	Title of Signer (Prir	nt or Type)							

ATTENTION

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

Secretary

Alan C. Mendelson