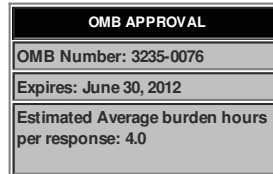


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.



1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None

0001042074 METABOLEX INC

Name of Issuer

METABOLEX, INC.

Jurisdiction of Incorporation/Organization

DELAWARE

Year of Incorporation/Organization

- Over Five Years Ago
Within Last Five Years (Specify Year)
Yet to Be Formed

Entity Type

- Corporation
Limited Partnership
Limited Liability Company
General Partnership
Business Trust
Other

2. Principal Place of Business and Contact Information

Name of Issuer

METABOLEX, INC.

Street Address 1

3876 BAY CENTER PLACE

Street Address 2

City

HAYWARD

State/Province/Country

CA

ZIP/Postal Code

94545

Phone No. of Issuer

510-293-8800

3. Related Persons

Last Name

Van Wart

First Name

Harold

Middle Name

Street Address 1

3876 Bay Center Place

Street Address 2

City

Hayward

State/Province/Country

CA

ZIP/Postal Code

94545

Relationship:

- Executive Officer
Director
Promoter

Clarification of Response (if Necessary)

Last Name

Quinlan

First Name

Paul

Middle Name

Street Address 1

3876 Bay Center Place

Street Address 2

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Hayward"/>	<input type="text" value="CA"/>	<input type="text" value="94545"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="Hill"/>	<input type="text" value="Donald"/>	

Street Address 1	Street Address 2
<input type="text" value="3876 Bay Center Place"/>	<input type="text"/>

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Hayward"/>	<input type="text" value="CA"/>	<input type="text" value="94545"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="McWherter"/>	<input type="text" value="Charles"/>	

Street Address 1	Street Address 2
<input type="text" value="3876 Bay Center Place"/>	<input type="text"/>

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Hayward"/>	<input type="text" value="CA"/>	<input type="text" value="94545"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="Karpf"/>	<input type="text" value="David"/>	

Street Address 1	Street Address 2
<input type="text" value="3876 Bay Center Place"/>	<input type="text"/>

City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Hayward"/>	<input type="text" value="CA"/>	<input type="text" value="94545"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="Evnin"/>	<input type="text" value="Anthony"/>	

Street Address 1	Street Address 2
<input type="text"/>	<input type="text"/>

c/o Venrock Partners, L.P. 30 Rockefeller Plaza, Room 5508

City State/Province/Country ZIP/Postal Code
New York NY 10112

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
van den Noort Daan

Street Address 1 Street Address 2
c/o Biotech Turnaround Fund B.V. 2011 MP

City State/Province/Country ZIP/Postal Code
Haarlem P7 00000

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Bolzon Bradley

Street Address 1 Street Address 2
c/o Versant Ventures 3000 Sand Hill Road, Building 4

City State/Province/Country ZIP/Postal Code
Menlo Park CA 94025

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Penhoet Edward

Street Address 1 Street Address 2
c/o Alta Partners One Embarcadero Center, Suite 4050

City State/Province/Country ZIP/Postal Code
San Francisco CA 94111

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name
Zerbe Robert

Street Address 1

Street Address 2

c/o QuatRx Pharmaceuticals Company

77 East Eisenhower Parkway, Suite 100

City

State/Province/Country

ZIP/Postal Code

Ann Arbor

MI

48108

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Goldfischer

Carl

Street Address 1

Street Address 2

c/o Bay City Capital

750 Battery Street, Suite 600

City

State/Province/Country

ZIP/Postal Code

San Francisco

CA

94111

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Lange

Louis

Street Address 1

Street Address 2

c/o Gilead Sciences, Inc.

3172 Porter Drive

City

State/Province/Country

ZIP/Postal Code

Palo Alto

CA

94304

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

Last Name

First Name

Middle Name

Von Emster

Kurt

Street Address 1

Street Address 2

c/o venBio

1700 Owens Street, Suite 530

City

State/Province/Country

ZIP/Postal Code

San Francisco

CA

94158

Relationship:

Executive Officer

Director

Promoter

Clarification of Response (if Necessary)

4. Industry Group

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Health Care | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Banking & Financial Services | <input checked="" type="checkbox"/> Biotechnology | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Commercial Banking | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Hospitals & Physicians | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Investing | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Investment Banking | <input type="checkbox"/> Other Health Care | <input type="checkbox"/> Other Technology |
| <input type="checkbox"/> Pooled Investment Fund | | |
| <input type="checkbox"/> Other Banking & Financial Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Airlines & Airports |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Commercial | <input type="checkbox"/> Lodging & Conventions |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Construction | <input type="checkbox"/> Tourism & Travel Services |
| <input type="checkbox"/> Electric Utilities | <input type="checkbox"/> REITS & Finance | <input type="checkbox"/> Other Travel |
| <input type="checkbox"/> Energy Conservation | <input type="checkbox"/> Residential | <input type="checkbox"/> Other |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Other Real Estate | |
| <input type="checkbox"/> Oil & Gas | | |
| <input type="checkbox"/> Other Energy | | |

5. Issuer Size

Revenue Range

- 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

Aggregate Net Asset Value Range

- 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

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Rule 505 |
| <input type="checkbox"/> Rule 504 (b)(1)(i) | <input checked="" type="checkbox"/> Rule 506 |
| <input type="checkbox"/> Rule 504 (b)(1)(ii) | <input type="checkbox"/> Securities Act Section 4(6) |
| <input type="checkbox"/> Rule 504 (b)(1)(iii) | <input type="checkbox"/> Investment Company Act Section 3(c) |

7. Type of Filing

- New Notice Date of First Sale First Sale Yet to Occur
- Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

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

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)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ USD

12. Sales Compensation

Recipient Recipient CRD Number None

(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number None

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

State(s) of Solicitation All States

13. Offering and Sales Amounts

Total Offering Amount \$ USD Indefinite
 Total Amount Sold \$ USD
 Total Remaining to be Sold \$ USD Indefinite

Clarification of Response (if Necessary)

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total

number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ USD Estimate

Finders' Fees \$ USD Estimate

Clarification of Response (if Necessary)

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.

\$ USD 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 clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above 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, 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 it 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 the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above 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.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
METABOLEX, INC.	Paul Quinlan	Paul Quinlan	Secretary	2009-11-10