

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)
[0001326190](#)

Previous Names None
[HEALTHCARE ACQUISITION CORP](#)

Entity Type
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

Name of Issuer
[PHARMATHENE, INC](#)

Jurisdiction of Incorporation/Organization
[DELAWARE](#)

Year of Incorporation/Organization
 Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer
[PHARMATHENE, INC](#)

Street Address 1
[ONE PARK PLACE, SUITE 450](#)

Street Address 2

City
[ANNAPOLIS](#)

State/Province/Country
[MARYLAND](#)

ZIP/PostalCode
[21401](#)

Phone Number of Issuer
[410 269 2600](#)

3. Related Persons

Last Name
[Pappajohn](#)

First Name
[John](#)

Middle Name

Street Address 1
[c/o PharmAthene, Inc.](#)

Street Address 2
[One Park Place, Suite 450](#)

City
[Annapolis](#)

State/Province/Country
[MARYLAND](#)

ZIP/PostalCode
[21401](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name
[Richman](#)

First Name
[Eric](#)

Middle Name
[I.](#)

Street Address 1
[c/o PharmAthene, Inc.](#)

Street Address 2
[One Park Place, Suite 450](#)

City
[Annapolis](#)

State/Province/Country
[MARYLAND](#)

ZIP/PostalCode
[21401](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name
[McCleary](#)

First Name
[Joel](#)

Middle Name

Street Address 1
[c/o PharmAthene, Inc.](#)

Street Address 2
[One Park Place, Suite 450](#)

City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Gill John
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Schaffer Derace L.
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Runge Jeffrey W.
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Sayare Mitchel
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Cavanaugh James H.
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
St. Peter Steven
Street Address 1 Street Address 2

c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401
Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Cook Francesca
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401
Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Fuerst Thomas R.
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401
Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Fusco Joan
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401
Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Karp Jordan P.
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401
Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Morges Wayne
Street Address 1 Street Address 2
c/o PharmAthene, Inc. One Park Place, Suite 450
City State/Province/Country ZIP/PostalCode
Annapolis MARYLAND 21401
Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Reinhart III Charles A.

Street Address 1
c/o PharmAthene, Inc.
City
Annapolis

Street Address 2
One Park Place, Suite 450
State/Province/Country
MARYLAND

ZIP/PostalCode
21401

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name
Riddle

First Name
Valerie

Middle Name

Street Address 1
c/o PharmAthene, Inc.
City
Annapolis

Street Address 2
One Park Place, Suite 450
State/Province/Country
MARYLAND

ZIP/PostalCode
21401

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 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"/> Manufacturing | <input type="checkbox"/> Travel |
| Is the issuer registered as an investment company under the Investment Company Act of 1940? | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Airlines & Airports |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Commercial | <input type="checkbox"/> Lodging & Conventions |
| <input type="checkbox"/> Other Banking & Financial Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Tourism & Travel Services |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> REITS & Finance | <input type="checkbox"/> Other Travel |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Other Real Estate | |
| <input type="checkbox"/> Electric Utilities | | |
| <input type="checkbox"/> Energy Conservation | | |
| <input type="checkbox"/> Environmental Services | | |
| <input type="checkbox"/> Oil & Gas | | |
| <input type="checkbox"/> Other Energy | | |

5. Issuer Size

- | | | |
|---|----|---|
| Revenue Range | OR | Aggregate Net Asset Value Range |
| <input type="checkbox"/> No Revenues | | <input type="checkbox"/> No Aggregate Net Asset Value |
| <input type="checkbox"/> \$1 - \$1,000,000 | | <input type="checkbox"/> \$1 - \$5,000,000 |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000 | | <input type="checkbox"/> \$5,000,001 - \$25,000,000 |
| <input type="checkbox"/> \$5,000,001 - \$25,000,000 | | <input type="checkbox"/> \$25,000,001 - \$50,000,000 |
| <input type="checkbox"/> \$25,000,001 - \$100,000,000 | | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> Over \$100,000,000 | | <input type="checkbox"/> Over \$100,000,000 |
| <input checked="" type="checkbox"/> Decline to Disclose | | <input type="checkbox"/> Decline to Disclose |

Not Applicable

Not Applicable

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

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(5)

Investment Company Act Section 3(c)

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)

7. Type of Filing

New Notice Date of First Sale 2010-11-03 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)

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)

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 \$6,000 USD

12. Sales Compensation

Recipient

(Associated) Broker or Dealer None

Street Address 1

City

State(s) of Solicitation (select all that apply) All States

Check "All States" or check individual States

Recipient CRD Number None

(Associated) Broker or Dealer CRD Number None

Street Address 2

State/Province/Country

Foreign/non-US

ZIP/Postal Code

13. Offering and Sales Amounts

Total Offering Amount \$22,558,299 USD or Indefinite

Total Amount Sold \$9,895,186 USD

Total Remaining to be Sold \$12,663,113 USD or Indefinite

Clarification of Response (if Necessary):

In connection with conversion of convertible notes issued under Regulation D. Remaining amount assumes conversion at maturity.

14. Investors

Select 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.

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:

22

15. Sales Commissions & Finder's 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 \$0 USD Estimate

Finders' Fees \$0 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.

\$0 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, in the 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 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, 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).

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.

Table with 5 columns: Issuer, Signature, Name of Signer, Title, Date. Row 1: PHARMATHENE, INC, /s/ Jordan P. Karp, Jordan P. Karp, Senior Vice President and General Counsel, 2010-11-18

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.

* 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.
