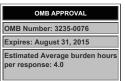
### FORM D

Notice of Exempt Offering of Securities

. . .

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



1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s)  None	Entity Type
0001279704	AVAM International, Inc.	© Corporation
Name of Issuer	COMMON HORIZONS	C Limited Partnership
NOVELOS THERAPEUTICS, INC.		C Limited Liability Company
Jurisdiction of Incorporation/Organization		C General Partnership
DELAWARE		C Business Trust
Year of Incorporation/Organiz	ation	C Other
• Over Five Years Ago		
• Within Last Five Years (Specify Year)		

- C (Specify Year)
- Yet to Be Formed

# 2. Principal Place of Business and Contact Information

Name of Issuer			
<b>NOVELOS THERAPEUTICS, I</b>	NC.		
Street Address 1	:	Street Address 2	
One Gateway Center, Suite 504			
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
Newton	МА	02458	617-244-1616

## 3. Related Persons

Last Name		First Name		Middle Name	
Palmin		Harry S.			
Street Address 1			Street Address 2		
One Gateway Center,	Suite 504				
City		State/Province/C	Country	ZIP/Post	tal Code
Newton		MA		02458	
		· ·			
Relationship:	Execut	ive Officer	Director		Promoter
Last Name		First Name		Middle	Name
Protano	]	Joanne		M.	
Street Address 1			Street Address 2		
One Gateway Center,	Suite 504				
City		State/Province/C	Country	ZIP/Post	tal Code
Newton		MA		02458	
Relationship:	Execut	ive Officer	Director		Promoter Promoter

		First Name		Middle Name	
Hill		Stephen		A.	
Street Address 1			Street Address 2	2	
One Gateway Cente	er, Suite 504	1			
City		State/Provinc	e/Country	ZIP/Postal Code	
Newton		МА		02458	
<u>г</u>					
Relationship:	Exe	cutive Officer	Director	Promoter	
Clarification of Respon	se (if Necess	ary)			
Last Name		First Name		Middle Name	
Doyle		Michael		J.	
Street Address 1	<u></u>		Street Address 2	2	
One Gateway Cente	er, Suite 504				
City		State/Provinc	e/Country	ZIP/Postal Code	
Newton		MA		02458	
Relationship:	Exe	cutive Officer	Director	Promoter	
Relationship.	L Exe	cutive Officer	Director	Promoter	
Fass		Simm			
Street Address 1			Street Address 2	2	
	er, Suite 504		Street Address 2	2	
Street Address 1 One Gateway Cente	er, Suite 504	4 State/Provinc		ZIP/Postal Code	
Street Address 1 One Gateway Cente	er, Suite 504	4			
Street Address 1 One Gateway Cente City Newton		4 State/Provinc	e/Country	ZIP/Postal Code	
Street Address 1 One Gateway Cente		4 State/Provinc		ZIP/Postal Code	
Street Address 1 One Gateway Cente City Newton Relationship:	Exe		e/Country	ZIP/Postal Code	
Street Address 1 One Gateway Cente City Newton Relationship:	Exe		e/Country	ZIP/Postal Code	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon	Exe		e/Country	ZIP/Postal Code	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon	Exe	4 State/Provinc MA cutive Officer ary)	e/Country	ZIP/Postal Code	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon Last Name Nyberg	Exe	4 State/Provinc MA Cutive Officer ary) First Name	e/Country	ZIP/Postal Code          02458         Promoter         Middle Name	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon Last Name Nyberg	se (if Necess	4 State/Provinc MA Cutive Officer ary) First Name Elias	e/Country	ZIP/Postal Code          02458         Promoter         Middle Name	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente	se (if Necess	4 State/Provinc MA Cutive Officer ary) First Name Elias	e/Country Director Street Address 2	ZIP/Postal Code          02458         Promoter         Middle Name	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente	se (if Necess	4 State/Provinc MA Cutive Officer ary) First Name Elias 4	e/Country Director Street Address 2	ZIP/Postal Code          02458         Promoter         Middle Name         2	
Street Address 1 One Gateway Cente City Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente City	se (if Necess		e/Country Director Street Address 2	ZIP/Postal Code          02458         Promoter         Middle Name         2         ZIP/Postal Code	
Street Address 1 One Gateway Cente City Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente City	er, Suite 504		e/Country Director Street Address 2	ZIP/Postal Code          02458         Promoter         Middle Name         2         ZIP/Postal Code	
Street Address 1 One Gateway Cente City Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente City Newton Relationship:	er, Suite 504		e/Country  Street Address 2  e/Country	ZIP/Postal Code          02458         Promoter         Middle Name         2         ZIP/Postal Code         02458	
Street Address 1 One Gateway Cente City Newton Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente City Newton Relationship:	er, Suite 504		e/Country  Street Address 2  e/Country	ZIP/Postal Code          02458         Promoter         Middle Name         2         ZIP/Postal Code         02458	
Street Address 1 One Gateway Cente City Relationship: Clarification of Respon Last Name Nyberg Street Address 1 One Gateway Cente City Newton	er, Suite 504		e/Country  Street Address 2  e/Country	ZIP/Postal Code          02458         Promoter         Middle Name         2         ZIP/Postal Code         02458	

Last Name	First Name	Middle Name	
Schuhwerk	Kristin	С.	_
Street Address 1		Street Address 2	

One Gateway Center	, Suite 504			
City		State/Province/0	Country	ZIP/Postal Code
Newton		MA		02458
Relationship:	Executiv	ve Officer	Director	Promoter
Clarification of Response	(if Necessary)			
Last Name		First Name		Middle Name
Manuso		James		S.
Street Address 1			Street Address 2	
One Gateway Center	, Suite 504			
City		State/Province/O	Country	ZIP/Postal Code
Newton		МА		02458
Relationship:	Executiv	ve Officer	Director	Promoter
Clarification of Response	e (if Necessary)			
Last Name	]	First Name		Middle Name
McWilliams		David		B.
Street Address 1		]	Street Address 2	1
One Gateway Center	, Suite 504			
City	1	State/Province/O	Country	ZIP/Postal Code
Newton		MA		02458
		0.00		
Relationship:	Executiv	ve Officer	Director	Promoter
Clarification of Response	(if Necessary)			
Last Name				
THE TANK		First Name		Middle Name
		First Name		Middle Name
Schneider		First Name Howard	Street Address 2	Middle Name
Schneider Street Address 1			Street Address 2	
Schneider Street Address 1 One Gateway Center	, Suite 504	Howard		M.
Street Address 1 One Gateway Center City	, Suite 504	Howard State/Province/0		ZIP/Postal Code
Schneider Street Address 1 One Gateway Center	, Suite 504	Howard		M.
Street Address 1 One Gateway Center City	, Suite 504	Howard State/Province/0		ZIP/Postal Code
Street Address 1 One Gateway Center City Newton	, Suite 504	Howard State/Province/C MA we Officer	Country	ZIP/Postal Code
Schneider Street Address 1 One Gateway Center City Newton Relationship:	, Suite 504	Howard State/Province/C MA we Officer	Country	ZIP/Postal Code
Schneider Street Address 1 One Gateway Center City Newton Relationship:	, Suite 504	Howard State/Province/C MA we Officer	Country	ZIP/Postal Code
Schneider Street Address 1 One Gateway Center City Newton Relationship:	, Suite 504	Howard State/Province/C MA we Officer	Country	ZIP/Postal Code
Schneider Street Address 1 One Gateway Center City Newton Relationship: Clarification of Response	, Suite 504	Howard State/Province/O MA	Country	M. ZIP/Postal Code 02458 Promoter
Schneider Street Address 1 One Gateway Center City Newton Relationship: Clarification of Response Last Name	, Suite 504	Howard State/Province/C MA First Name	Country	M. ZIP/Postal Code 02458 Promoter Middle Name
Schneider Street Address 1 One Gateway Center City Newton Relationship: Clarification of Response Last Name Pazoles	Suite 504	Howard State/Province/C MA First Name	Country	M. ZIP/Postal Code 02458 Promoter Middle Name
Schneider         Street Address 1         One Gateway Center         City         Newton         Relationship:         Clarification of Response         Last Name         Pazoles         Street Address 1	, Suite 504	Howard State/Province/C MA First Name	Country Country Director Street Address 2	M. ZIP/Postal Code 02458 Promoter Middle Name
Schneider         Street Address 1         One Gateway Center         City         Newton         Relationship:         Clarification of Response         Last Name         Pazoles         Street Address 1         One Gateway Center	, Suite 504	Howard State/Province/O MA ve Officer First Name Christopher	Country Country Director Street Address 2	M. ZIP/Postal Code  2IP/Postal Code  22458  Promoter  Middle Name  J.
Schneider         Street Address 1         One Gateway Center         City         Newton         Relationship:         Clarification of Response         Last Name         Pazoles         Street Address 1         One Gateway Center         City	, Suite 504	Howard State/Province/C MA First Name Christopher State/Province/C	Country Country Director Street Address 2	M. ZIP/Postal Code  D2458  Middle Name  J. ZIP/Postal Code

### 4. Industry Group

## C Agriculture

- **Banking & Financial Services**
- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund
- Other Banking & Financial C Services

### C Business Services

#### Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

## 5. Issuer Size

#### **Revenue Range**

- C No Revenues
- $\odot$ \$1 - \$1,000,000
- C \$1,000,001 - \$5,000,000
- \$5,000,001 \$25,000,000 0
- C \$25,000,001 - \$100,000,000
- C Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

## Health Care C Biotechnology

- C Health Insurance C Hospitals & Physicians
- Pharmaceuticals
- O Other Health Care

C Manufacturing

Real Estate

C

C

C Commercial

C Construction

Residential

C Other Real Estate

- C Computers
  - C Telecommunications C Other Technology

#### Travel

C Retailing

C Restaurants

Technology

- C Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel

- C C Decline to Disclose

C

C

0

C

0

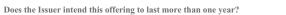
0 Not Applicable

<ol><li>Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)</li></ol>					
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505				
Rule 504 (b)(1)(i)	Rule 506(b)				
Rule 504 (b)(1)(ii)	Rule 506(c)				
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)				
	Investment Company Act Section 3(c)				

7.	Type of Fi	ling		
Π	New Notice	Date of First Sale	2009-08-25	First Sale Yet to Occur

Amendment

8. Duration of Offering





Aggregate Net Asset Value Range

\$1 - \$5,000,000

No Aggregate Net Asset Value

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

\$50,000,001 - \$100,000,000

C Yes © No

Over \$100,000,000

<ol><li>Type(s) of Securitie</li></ol>	es 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 Combin	ation Transaction
s this offering being made in connec ransaction, such as a merger, acquis	
Clarification of Response (if Necessar	ry)
Iinimum investment accepted from ivestor	any outside \$ 0 USD
2. Sales Compensat	tion
Recipient	Recipient CRD Number 🔲 None
Associated) Broker or Dealer	None (Associated) Broker or Dealer CRD None Number
Associated) Broker or Dealer	
Associated) Broker or Dealer	
	None Number
	None Number
Street Address 1	None Number None Street Address 2
Street Address 1	None Number None Street Address 2
Street Address 1	None     Number       Street Address 2       State/Province/Country       ZIP/Postal Code

13. (	Offering and Sales Amou	unts				
Total O	ffering Amount \$ 9000000	USD 🗖 Indefinite				
Total A	mount Sold \$ 9000000	USD				
Total R Sold	emaining to be \$	USD 🗆 Indefinite				
Clarific	ation of Response (if Necessary)					
comm	On November 10, 2009, the issuer sold \$5.5 million worth of common stock and warrants in the final tranche of its \$9 million private placement begun on August 25, 2009.					
14.	Investors					
	Select if securities in the offering have do not qualify as accredited investors, Number of such non-accredited investo offering	v A				
	Regardless of whether securities in the to persons who do not qualify as accre- number of investors who already have	dited investors, enter the total	1			

#### 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	\$	0	USD	Estimate
Finders' Fees	\$	0	USD	Estimate
rification of Response (if Necessar	ry)			

#### 16. Use of Proceeds

Cla

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 Submissior	ı			

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, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

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
Novelos Therapeutics, Inc.	/s/ Joanne M. Protano	Joanne M. Protano	Chief Financial Officer	2009-11-18