Sally Beauty Holdings, Inc. Form SC 13D July 03, 2008

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### **SCHEDULE 13D**

Under the Securities Exchange Act of 1934

(Amendment No. \_\_)\*

### SALLY BEAUTY HOLDINGS, INC.

(Name of Issuer)

Common Stock, par value \$.01 per share

(Title of Class of Securities)

79546E104

(CUSIP Number)

Barbara Parker

Sageview Capital LP

55 Railroad Avenue

Greenwich, CT 06830

Tel. No.: 203-625-4230

(Name, Address and Telephone Number of Person

Authorized to Receive Notices and Communications)

with a copy to

Raphael M. Russo, Esq.
Paul, Weiss, Rifkind, Wharton & Garrison LLP
1285 Avenue of the Americas
New York, New York 10019-6064

**JUNE 23, 2008** 

(Date of Event which Requires Filing of this Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition which is the subject of this Schedule 13D, and is filing this schedule because of Rule 13d-1(e), 13d-1(f) or 13d-1(g), check the following box. O

**Note:** Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. See Rule 13d-7 for other parties to whom copies are to be sent.

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP No. 79546E104
SCHEDIILE 13D

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1	NAME OF REPORTING PERSONS S.S. OR I.R.S. IDENTIFICATION NO.	OF ABOV	/E PERSON:		
2	Sageview Capital Master, L.P. CHECK THE APPROPRIATE BOX IF	A MEMB		a) x	
3	SEC USE ONLY			o) C	
4	SOURCE OF FUNDS*  WC CHECK BOX IF DISCLOSURE OF LE	EGAL PRO	OCEEDINGS IS REQUIRED PURSUANT TO		
6	ITEMS 2(d) OR 2(e)  CITIZENSHIP OR PLACE OF ORGAN			o	
	Cayman Islands	7	SOLE VOTING POWER 10,164,923		
SHA BEN OW EAC REP	ORTING SON	8 9 10	SHARED VOTING POWER -0-  SOLE DISPOSITIVE POWER 10,164,923  SHARED DISPOSITIVE POWER -0-		
11	AGGREGATE AMOUNT BENEFICIA	LLY OW	NED BY EACH REPORTING PERSON		
12	<b>10,164,923</b> CHECK BOX IF THE AGGREGATE A	AMOUNT	IN ROW (11) EXCLUDES CERTAIN SHARES *		
13	PERCENT OF CLASS REPRESENTED	D BY AMO	OUNT IN ROW (11)	o	
14	5.6% TYPE OF REPORTING PERSON*				

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SCHEDULE 13D

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1	NAME OF REPORTING PERSONS S.S. OR I.R.S. IDENTIFICATION NO.	OF ABOV	/E PERSON:		
2	Sageview Capital Partners (A), L.P.  CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*				X
3	SEC USE ONLY			(b)	0
4	SOURCE OF FUNDS*  Not Applicable CHECK BOX IF DISCLOSURE OF LE ITEMS 2(d) OR 2(e)	GAL PRO	OCEEDINGS IS REQUIRED PURSUANT TO		
6	CITIZENSHIP OR PLACE OF ORGAN	IZATION	I		0
	Cayman Islands	7	SOLE VOTING POWER -0-		
SHA BEN OW EAC REF	ORTING SON	8 9 10	SHARED VOTING POWER 10,164,923  SOLE DISPOSITIVE POWER -0-  SHARED DISPOSITIVE POWER 10,164,923		
11	11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
12	10,164,923 12 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES *				
13	PERCENT OF CLASS REPRESENTED	BY AMO	OUNT IN ROW (11)		O
14	5.6% TYPE OF REPORTING PERSON*				

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1	NAME OF REPORTING PERSONS S.S. OR I.R.S. IDENTIFICATION NO. O	F ABOV	/E PERSON:		
2	Sageview Capital Partners (B), L.P. CHECK THE APPROPRIATE BOX IF A	MEMB		a)	v
3	SEC USE ONLY			) )	
4	SOURCE OF FUNDS*				
5	Not Applicable CHECK BOX IF DISCLOSURE OF LEG ITEMS 2(d) OR 2(e)	AL PRO	OCEEDINGS IS REQUIRED PURSUANT TO		
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11	AGGREGATE AMOUNT BENEFICIALI	LY OWI	NED BY EACH REPORTING PERSON		
12	10,164,923 CHECK BOX IF THE AGGREGATE AM	IOUNT	IN ROW (11) EXCLUDES CERTAIN SHARES *		
13	13 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)				o
14	5.6% TYPE OF REPORTING PERSON*				

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SCHEDULE 13D

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1	NAME OF REPORTING PERSONS S.S. OR I.R.S. IDENTIFICATION NO. OF	F ABOV	E PERSON:		
2	Sageview Partners (C) (Master), L.P. CHECK THE APPROPRIATE BOX IF A	MEMBI		a)	v
3	SEC USE ONLY		`	a) b)	
4	SOURCE OF FUNDS*				
5	Not Applicable CHECK BOX IF DISCLOSURE OF LEGA ITEMS 2(d) OR 2(e)	AL PRO	CEEDINGS IS REQUIRED PURSUANT TO		
6	CITIZENSHIP OR PLACE OF ORGANIZ	ATION			o
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12	10,164,923 CHECK BOX IF THE AGGREGATE AM	OUNT I	N ROW (11) EXCLUDES CERTAIN SHARES *		
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1	NAME OF REPORTING PERSONS S.S. OR I.R.S. IDENTIFICATION NO. OF	F ABOV	E PERSON:		
Sageview Capital GenPar, L.P.  CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*				(a)	x
3	SEC USE ONLY			(b)	0
4	SOURCE OF FUNDS*				
5	Not Applicable CHECK BOX IF DISCLOSURE OF LEGA ITEMS 2(d) OR 2(e)	AL PRO	CEEDINGS IS REQUIRED PURSUANT TO		
6	CITIZENSHIP OR PLACE OF ORGANIZ	ATION			0
	Delaware	7	SOLE VOTING POWER 10,164,923		
SHA BEN OWN EAC	EFICIALLY NED BY CH ORTING SON	9	SHARED VOTING POWER -0-  SOLE DISPOSITIVE POWER 10,164,923  SHARED DISPOSITIVE POWER -0-		
11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON					
12	10,164,923 12 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES *				
PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)					O
14	5.6% TYPE OF REPORTING PERSON*				

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SCHEDULE 13D

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1	NAME OF REPORTING PERSONS S.S. OR I.R.S. IDENTIFICATION NO. O	F ABOV	E PERSON:			
2	Sageview Capital MGP, LLC CHECK THE APPROPRIATE BOX IF A	MEMB.	ER OF A GROUP*	(a)	X	
3	SEC USE ONLY			(b)	0	
4	SOURCE OF FUNDS*					
5	Not Applicable  CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(d) OR 2(e)					
6	CITIZENSHIP OR PLACE OF ORGANIZATION					
	Delaware	7	SOLE VOTING POWER 10,164,923			
SHA BEN OW: EAC REP	ORTING SON	9	SHARED VOTING POWER -0-  SOLE DISPOSITIVE POWER 10,164,923  SHARED DISPOSITIVE POWER -0-			
11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON						
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13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)					
14	5.6% TYPE OF REPORTING PERSON*					

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2	Edward A. Gilhuly CHECK THE APPRO MEMBER OF A GRO SEC USE ONLY		E BOX IF A	(a) (b)	x O			
4	SOURCE OF FUNDS	*						
Not Applicable  CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEMS 2(d) OR 2(e)  O								
6	CITIZENSHIP OR PLACE OF ORGANIZATION							
	United States	7	SOLE VOTING	POV	VER			
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12	10,164,923 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN SHARES *							
13	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)							

NAME OF REPORTING PERSONS

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON:

5.6%