ACCREDITED HOME LENDERS HOLDING CO Form 3 April 25, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 0.5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Person <u>*</u> SECOND CURVE CAPITAL LLC			Statement (Month/Day/Y 04/24/2007					
(Last)	(First)	(Middle)			4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
405 LEXING	GTON				~ /			Thea(Month/Day/Tear)
AVENUE,Â	52ND FL	OOR			(Check all applicable)			
(Street) NEW YORK, NY 10174					DirectorX 10% Owner Officer Other (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One	
								Reporting Person
(City)	(State)	(Zip)		Table I - N	on-Derivati	ive Securiti	es Be	neficially Owned
1.Title of Secur (Instr. 4)	ity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-
Common Sto	ock			2,825,000		Ι	•	dvisory clients of Second re Capital, LLC (1)
Reminder: Repo owned directly o	-	ate line for ea	ich class of secu	irities benefici	ally SI	EC 1473 (7-02)	
	inform	nation conta	pond to the c ained in this f and unless the	orm are not				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date (Month/Day/Year)		Conversion or Exercise		Beneficial Ownership (Instr. 5)

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		(Instr. 4)		Price of	Derivative
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB		Director	10% Owner	Officer	Other	
SECOND CURVE CAPITAL LLC 405 LEXINGTON AVENUE 52ND FLOOR NEW YORK, NY 10174		Â	ÂX	Â	Â	
BROWN THOMAS K C/O SECOND CURVE CAPITAL, LLC 405 LEXINGTON AVENUE, 52ND FLC NEW YORK, NY 10174	OOR	Â	X	Â	Â	
Signatures						
Second Curve Capital, LLC, By: /s/ Thomas K. Brown, its Managing Member	04/25	/2007				
**Signature of Reporting Person			Date			
/s/ Thomas K. Brown	04/25	/2007				
**Signature of Reporting Person			Date			

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

These securities may be deemed to be beneficially owned by Second Curve Capital, LLC the investment manager of Second Curve Opportunity Fund, LP, Second Curve Vision Fund, LP, Second Curve Vision Fund International, Ltd., Second Curve Opportunity Fund International, Ltd., Second Curve Partners, LP and Second Curve Partners International, Ltd., and Thomas K. Brown, the managing

(1) member of Second Curve Capital, LLC. Each such Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.