**BLUEFLY INC** 

| Form 3<br>October 19, 2  | 006               |                            |   |   |  |  |   |         |                                   |                            |   |
|--|-------------------|----------------------------|---|---|--|--|---|---------|-----------------------------------|----------------------------|---|
| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |                   |                            |   |   | ION  | OMB APPROVAL                           |   |         |                                   |                            |   |
|  |                   |                            | vv asim   | iigioii, L  |  |  |   |         | OMB<br>Number:                    | 3235-010                   | 4 |
| INITIAL STATEMENT OF BENEFICIAL OW<br>SECURITIES                               |                   |                            |   |   |  | Expires:<br>Estimated a<br>burden hour |   |         |                                   |                            |   |
|  |                   | n 17(a) of                 | to Section 16(a<br>the Public Utilit<br>)(h) of the Inves                       | y Holdi   | ng Company   | Act of 193                             |   |         | response                          | 0.                         | 5 |
| (Print or Type Ro  | esponses)         |                            |   |   |  |  |   |         |                                   |                            |   |
| Person State   |                   |                            | Statement<br>(Month/Day/Year  | Requiring 3. Issuer Name <b>and</b> Ticker or Trading Syn<br>BLUEFLY INC [BFLY]<br>r) |  |  | ng Sym  | ıbol    |                                   |                            |   |
| (Last)   | (First)           | (Middle)                   | 10/17/2006  |   | 4. Relationshi<br>Person(s) to Is  |  | g   |         | mendment, Da<br>Month/Day/Year    | -                          |   |
| C/O MCL<br>CORPORAT<br>AVENUE, 1   |                   |                            |   |   |  | all applicable                         |   |         |                                   | ,                          |   |
|  | (Street)          |                            |   |   | X Director<br>Officer<br>(give title below                                 | Othe                                   |   | Filing  | vidual or Joint<br>Check Applicat | ole Line)                  |   |
| NEW YORK   | , NY 1            | 0153                       |   |   |  |  |   |         | rm filed by Mor<br>ing Person     | e than One                 |   |
| (City)   | (State)           | (Zip)                      | Ta  | ble I - N   | lon-Derivat  | ive Securit                            | ies Bei   | neficia | ally Owned                        |                            |   |
| 1.Title of Security<br>(Instr. 4)  |                   | Ber                        | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4)                     |   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | Owne                                   | Nature of Indirect Beneficial<br>wnership<br>nstr. 5) |         |                                   |                            |   |
| No Securities  | Beneficia         | lly Owned                  | 0   |   |  | D                                      | Â   |         |                                   |                            |   |
| Reminder: Repo<br>owned directly o   | or indirectly.    |                            | ch class of securitie   |   | ally S   | EC 1473 (7-0                           | 2)  |         |                                   |                            |   |
|  | inform<br>require | ation conta<br>ed to respo | oond to the colle<br>lined in this form<br>nd unless the fo<br>//B control numb | n are not<br>rm displ   |  |  |   |         |                                   |                            |   |
| Т  | able II - Deri    | vative Secur               | ities Beneficially (  | Owned (e.   | g., puts, calls,   | warrants, op                           | otions, co  | onverti | ble securities                    | )                          |   |
| 1. Title of Deriv<br>(Instr. 4)  | ative Security    | ·                          | te Exercisable and ation Date   |   | and Amount of<br>es Underlying   | f 4.<br>Convers                        | 5.<br>ion Ov  | vnershi |                                   | of Indirect<br>l Ownership |   |

or Exercise

Derivative

Price of

## Edgar Filing: BLUEFLY INC - Form 3

| Date        | Expiration | Title | Amount or | Security | Direct (D)  |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date       |       | Number of |          | or Indirect |
|             |            |       | Shares    |          | (I)         |
|             |            |       |           |          | (Instr. 5)  |

## **Reporting Owners**

| Reporting Owner Name  | Relationships |          |           |         |       |  |
|---|---------------|----------|-----------|---------|-------|--|
| Reporting Owner Hume / Humess   |               | Director | 10% Owner | Officer | Other |  |
| Rafal Alexandre S<br>C/O MCL CORPORATIO<br>767 FIFTH AVENUE, 11<br>NEW YORK, NY 101 | ÂX            | Â        | Â         | Â       |       |  |
| Signatures  |               |          |           |         |       |  |
| /s/ Alexandre S.<br>Rafal   | 10/19/2006    |          |           |         |       |  |
| <b>**</b> Signature of<br>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).

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.