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DRUBNER NORMAN Form 3 February 19, 2002

FORM 3

U.S. SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

	Section 30	O(f) of the Investment	Company	Act of 1940			
1.	Name and Address of Reporting Person						
	Drubner	Norman	s.				
	(Last)		(Middle)				
	c/o Drubner, Hartley, 500 Chase Parkway	, O'Connor & Mengacci	, L.L.C.				
		(Street)					
	Waterbury	CT	06708				
	(City)	(State)	(Zip)				
2.	Date of Event Requiring Statement (Month/Day/Year)						
	November 1, 2001						
3.	. IRS or Social Security Number of Reporting Person (Voluntary)						
4.	4. Issuer Name and Ticker or Trading Symbol						
	OptiCare Health Syste						
5.	Relationship of Report (Check all applicable	rting Person to Issue:	r				
	<pre>[X] Director [] Officer (give tit [] 10% Owner [] Other (specify be</pre>						

6. If Amendment, Date of Original (Month/Day/Year)

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January 31, 2002

 Individual or Joint/Gr (Check all Applicable) 					
[X] Form filed by One			n		
			ve Securities Benefi		
1. Title of Security 2 (Instr. 4)	. Amount of Beneficia (Instr. 4	E Securities ally Owned		4. Nature of (Instr. 5)	Indirect Ber
Common Stock, par value \$.001 per share	294	1,489	D		
Reminder: Report on a sep			of securities benef	ficially	
owned directly If the Form is filed by			e Instruction 5(b)(v	7).	
			OFC 1	(Over)	
			SEC 1	_4/3	
FORM 3 (continued)					
TABLE IIDerivati			y Owned (e.g., puts,		
1. Title of Derivative Security (Instr. 4)	cisabl	e and ation	,		
	(Month	n/Day/Year) 		Amount	Deriv- ative Security
	Date Exer- cisable	Expira- tion Date	Title	Number of Shares	Source

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** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Norman S. Drubner February 19, 2002

** Signature of Reporting Person Date

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.

(Over) SEC 1473