Auld Patricia Form 3 November 15, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OM

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(h) of the Investment Company Act of 1940

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Auld Patricia	2. Date of Event RequiringStatement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol SunAmerica Focused Alpha Large-Cap Fund, Inc. [FGI]					
(Last) (First) (Middle)	10/26/2005	4. Relationship of Reportin Person(s) to Issuer	g 5. If Amendment, Date Original Filed(Month/Day/Year)				
HARBORSIDE FINANCIAL CENTER, 3200 PLAZA 5		(Check all applicable					
(Street) JERSEY CITY, NJ 07311		Director 10% Officer X_Oth (give title below) (specify be Asst. VP of Investment A	low) _X_ Form filed by One Reporting				
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.							
Table II - Derivative Sec	urities Beneficially Owned (e	.g., puts, calls, warrants, op	otions, convertible securities)				

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date		Securities Underlying		Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	h/Day/Year) Derivative Security		or Exercise	Form of	(Instr. 5)	
			(Instr. 4)		Price of	Derivative	
	Data	Evaluation	Title	A mount or	Derivative	Security:	
	Expiration Date	The	Amount or Number of Shares	Security	Direct (D)		
	Date				or Indirect		
				Shares		(I)	

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Auld Patricia HARBORSIDE FINANCIAL CENTER 3200 PLAZA 5 JERSEY CITY, NJ 07311	Â	Â	Â	Asst. VP of Investment Adviser		
Signatures						
Anna Rossmann, by power of attorney for Patricia Auld		11/15/2005				
<u>**</u> Signature of Reporting Person		Date				
Explanation of Respon	ses:					

No securities are beneficially owned

* 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.