

Edgar Filing: OPTICARE HEALTH SYSTEMS INC - Form 3

OPTICARE HEALTH SYSTEMS INC

Form 3

February 11, 2002

FORM 3

-----

OMB APPROVAL

-----

OMB Number 3235-0104  
 Expires: October 31, 2001  
 Estimated average burden  
 hours per response ..... 0.5

-----

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

-----

1. Name and Address of Reporting Person

|         |         |          |
|---------|---------|----------|
| Drubner | Norman  | S.       |
| -----   | -----   | -----    |
| (Last)  | (First) | (Middle) |

c/o Drubner, Hartley, O'Connor & Mengacci, L.L.C.  
500 Chase Parkway

-----

(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. Issuer Name and Ticker or Trading Symbol

OptiCare Health Systems, Inc. (OPT)

-----

5. Relationship of Reporting Person to Issuer  
(check all applicable)

- Director
- 10% Owner
- Officer (give title below)

Edgar Filing: OPTICARE HEALTH SYSTEMS INC - Form 3

[ ] Other (specify below)

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

7. Individual or Joint/Group Filing  
(Check Applicable Line)

- [x] Form filed by One Reporting Person
[ ] Form filed by More than One Reporting Person

TABLE I--NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED

Table with 4 columns: 1. Title of Security (Instruction 4), 2. Amount of Securities Beneficially Owned (Instr. 4), 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5), 4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly

\* If the Form is filed by more than one reporting person, see Instruction 5(b)(v).

(Over)

FORM 3 (CONTINUED)

TABLE II--DERIVATIVE SECURITIES BENEFICIALLY OWNED (E.G., PUTS, CALLS, WARRANTS, OPTIONS,

Table with 4 columns: 1. Title of Derivative Security (Instr. 4), 2. Date Exercisable and Expiration, 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4), 4. Conversion or Exercise

Edgar Filing: OPTICARE HEALTH SYSTEMS INC - Form 3

| Date<br>(Month/Day/Year) |                         |       | Price of<br>Deriv-<br>ative<br>Security |
|--------------------------|-------------------------|-------|---|
| Date<br>Exer-<br>cisable | Expira-<br>tion<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares  |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |
|                          |                         |       |   |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the Form is filed by more than one reporting person, See Instruction 5(b) (v).

/s/ Norman S. Drubner  
-----  
\*\* Signature of Reporting Person

\*\* 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 provided 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)