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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

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)

[X] Director
[] Officer (give title below)
[] 10% Owner
[] Other (specify below)

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

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January 31, 2002

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

[X] Form filed by One Reporting Person
[] Form filed by More than One Reporting Person

TABLE I--Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Bene (Instr. 5)
Common Stock, par value \$.001 per share	294,489	D	

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 person, see Instruction 5(b)(v).

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FORM 3 (continued)

TABLE II--Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options,

1. Title of Derivative Security (Instr. 4)	2. Date Exer- cisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conver- sion or Exercise Price of Deriv- ative Security
	Date Exer- cisable	Title	Amount or Number of Shares

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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.

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