

Edgar Filing: OPTICARE HEALTH SYSTEMS INC - Form 3

OPTICARE HEALTH SYSTEMS INC

Form 3

February 12, 2001

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
(PRINT OR TYPE RESPONSES)

1. Name and Address of Reporting Person

Blaskiewicz	William	A.
(Last)	(First)	(Middle)

c/o OptiCare Health Systems, Inc.
87 Grandview Avenue

(Street)

Waterbury	CT	06708
(City)	(State)	(Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

February 2, 2000

3. IRS or Social Security Number of Reporting Person (Voluntary)

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4. Issuer Name and Ticker of Trading Symbol

OptiCare Health Systems, Inc. (OPT)

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

Director

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Security (Instr. 4)	exercisable and Expiration Date (Month/Day/Year)	Underlying Derivative Security (Instr. 4)	Exercise Price of Deriv- ative Security (D) or Indirect (I) (Instr. 5)
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	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	(1)	8/13/09	Common Stock	10,000	\$5.85
Stock Options (Right to Buy)	(2)	1/4/08	Common Stock	5,868	\$2.56

- (1) Exercisable in four equal annual installments beginning on August 13, 2000.
- (2) Exercisable in four equal annual installments beginning on January 4, 1999.

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).

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

/s/ William Blaskiewicz	2/10/01
** 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 (7/96)