Edgar Filing: OPTICARE HEALTH SYSTEMS INC - Form 4

OPTICARE Form 4 May 11, 200	HEALTH SYST	EMS INC								
FORM	ΙΔ								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						E COMMISSION	N OMB Number:	3235-0287		
Check th if no lon subject to Section 2 Form 4 of	ger o STATEN 16. or	MENT OF		Estimated burden hou	Expires:January 31 2009Estimated average burden hours per response0.5					
Form 5 obligations may continue.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 1940See Instruction 1(b).30(h) of the Investment Company Act of 1940										
(Print or Type)	Responses)									
1. Name and Address of Reporting Person <u></u> DRUBNER NORMAN			2. Issuer Name and Ticker or Trading Symbol OPTICARE HEALTH SYSTEMS				5. Relationship of Reporting Person(s) to Issuer			
			INC [OPT]				(Check all applicable)			
(Last) (First) (Middle) 87 GRANDVIEW AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2005			X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
WATERBU	JRY, CT 06708						Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	Dispose	d (A) or	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Rep	oort on a separate lind	e for each cla	ass of sect	urities bene	Pers infor requ	ons who res mation cont ired to resp	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Ye	ar) (Instr. 8)	1 . ,	or Disposed of (D) (Instr. 3, 4,			
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 0.33	05/09/2005	А	70,000	12/31/2005	05/09/2015	Common Stock	70,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DRUBNER NORMAN 87 GRANDVIEW AVENUE WATERBURY, CT 06708	X						
Signatures							
By: Christopher J. Walls, as Attorney-in-fact for			05/11/2	2005			
<u>**Signature of Reporting Perso</u>	on		Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(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.