OPTICARE HEALTH SYSTEMS INC

Form 5

February 11, 2005

OMB APPROVAL FORM 5 **OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1(b).

| Reported | | | | | | | | | | |
|---|--------------------------------------|--|---|--|---|--|--|--|--------------------|--|
| BERTRAND ERIC J Symbol | | | CARE HEALTH SYSTEMS | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (| (Montl | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004 | | | ıded | Director Officer (gi | r 10% Owner (give titleX Other (specify below) Member | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Reporting (check applicable line) | | | | |
| Â | | (TI) | | | | | | by One Reporting I y More than One I | | |
| (City) | (State) | (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| 54,300 | Â | Â | Â | Â | Â | Â | 54,300 | D | Â | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. | | | contained | 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. | | | | | SEC 2270 (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. | 6. Date Exercisable and | 7. Title and | 8. Price of | 9. |
|-------------|------------|---------------------|--------------------|-------------|--------|-------------------------|--------------|-------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | Number | Expiration Date | Amount of | Derivative | of |

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

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D So B O

Is

| Security (Instr. 3) | or Exercise Price of Derivative Security | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | rities ired r osed) . 3, | | Underlyin Securities (Instr. 3 a | s | Security (Instr. 5) |
|------------------------|--|-------------------------|--------------------|---|---------------------------|--------------------|--|-------|---------------------|
| | | | | (A) (D) | Date Exercisable | Expiration Date | or Nu of | umber | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|--------|--|--|--|
| FB | Director | 10% Owner | Officer | Other | | | |
| BERTRAND ERIC J | Â | Â | Â | Member | | | |
| Â | | | | | | | |

Signatures

Eric J. Bertrand 02/11/2005

**Signature of Pate Reporting Person 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 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.

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