

# FORM 3

OMB APPROVAL

OMB Number: 3235-0104

Expires: January 31, 2005  
Estimated average burden  
hours per response . . . 0.5

1. Name and Address of Reporting Person\*

ALBERTI	JOSEPH	
(Last)	(First)	(Middle)

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

10/31/02

4. Issuer Name **and** Ticker or Trading Symbol

TORVEC, INC. ("TOVC")

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

6. If Amendment, Date of Original (Month/Day/Year)
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3. I.R.S. Identification  
Number of Reporting  
Person, if an entity  
(voluntary)

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

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

☒ Form filed by One Reporting Person  
☐ Form filed by More than One Reporting Person

1140 HILLSBORO COVE CIRCLE  
(Street)

WEBSTER NEW YORK 14580

(City) (State) (Zip)

## 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)
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4. Nature of Indirect Beneficial Ownership (Instr. 5)
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\$.01 par value common stock

125,167

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

**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.**

(Over)  
SEC 1473 (7-02)

**FORM 3 (continued) TABLE II—Derivative Securities Beneficiary Owned (e.g., puts, calls, warrants, options, convertible securities)**

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 Deri- vative Security	5. Owner- ship Form of Deriv- ative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares			

Explanation of Responses:

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

/S/ JOSEPH ALBERTI  
**\*\*Signature of Reporting Person**

10/31/02  
**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.