

FORM 3

OMB APPROVAL

OMB Number: 3235-0104

Expires: January 31, 2005
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hours per response . . . 0.5

1. Name and Address of Reporting Person*

SICONOLFI	GARY	A.
(Last)	(First)	(Middle)

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

10/31/02

3. I.R.S. Identification
Number of Reporting
Person, if an entity
(voluntary)

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

TORVEC, INC. ("TOVC")

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

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

6. If Amendment, Date of Original (Month/Day/Year)	
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7. Individual or Joint/Group Filing (Check Applicable Line)

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

325 Van Voorhis Avenue

(Street)

Rochester New York 14617

(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)

4. Nature of Indirect Beneficial Ownership
(Instr. 5)

\$.01 par value common stock

88,652

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/ GARY A. SICONOLFI
****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.