			UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL					
FORM	<u> </u>		Washington, D.C. 20549 OMB Number: 3235-0287 Expires: December 31, 2001											1				
1 OIU	•		Estimated average burden															
4			hours per response 0.5															
ST				ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP														
Check this box longer	if no																	
16. Form 4 or Form 5 obligations			•	ant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility ag Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940														
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol 6										6. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Wish F	Barry :	Neal		Ocwe	n Finar	ncial Co	orpora	tion (NYSE	on (NYSE:OCN)			Х	X Director					10% Owner
(Last)	(Firs	t)	(Middle)	3. IRS or Social Security				4. Statement for			П		Officer (give					Other (specify)
					Person (Vo	f Reporting			Month/Year December/2002						title below)			below)
1675 Palm B	each l	Lake	s Blvd															
	(Street)								<u> </u>			Individual or Jo	int/Group	Filing (Che	eck Applicable Line)			
West Palm B										ed by One Reporting Person  by More than One Reporting Person								
											Fo	rm filed by Mo	e Reporting					
(City)	(Stat	e)	(Zip)															
				Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3)			2. Trans- action Date Trans- action Code (Instr. 8)			4. Securities Acquor Disp or Disp (Instr. 3	or Disposed of (D) (Instr. 3, 4 and 5)			5. Am Securi Benefi Owner	cially	6. Owner- ship Form: Direct	7. Nature of Indirect Bene- ficial- Owner- ship					
					(Month/ Day/ End of D) or Month Indirect													
					Year)	Code	V	Amount	(A) or (D)	F	Price		(Instr. 3 ar 4)		(I) (Instr. 4)	(Instr. 4)		
Common Stock *				12/10/02		2 S		1,000	D	D \$2.736				I		By Wishco		
												8,536	,305					
Common Stock*			12/10/02		s :		1,000	D	\$2.734					I	By Foundation (1)			
											111,0	00						
*Sale in accordance with the Plan.																		
FORM 4 (continued)						7	<b>Fable</b>		ve Securition		_	_			eneficially O	wned		_ <del>_</del>

FORM 4 (continued)	Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	sion or Exercise         action Date         tion Code         Acquired (A) or Disposed of (D)           Price of Deriv- ative         (Month/ Day/         (Instr. 8)         (Instr. 3, 4, and 5)				6. Date Exer- cisable and Expiration Date Month/Day/ Year)	A U S	Title and mount of inderlying ecurities nstr. 3 and	8. Price of Deriv- ative Secur- ity (Instr. 5)	9. Number of Deriv- ative Secur- ities Bene- ficially Owned at End of	10. Owner- ship Form of Deriv- ative Securit y  Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Owner ship (Instr. 4)
					Date	Expira-		Amount or		Month (Instr.		

										Number of		4)			
			Code	V	(A)	(D)	Exer- cisable	tion Date	Title	Shares					
1. By Barry Wish Family Foundation, Inc. a Florida corporation, of which Mr. Wish is the President and a Director; the reporting person disclaims beneficial ownership as to these shares to the extent he does not have a pecuniary interest therein.															
								/s	/s/ Barry N. Wish				12/11/02	12/11/02	
									**Signature of Reporting Person				Date		
See 18 U.S.  Note: File three copies	**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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