			UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APP]				
FORM	ſ		Washington, D.C. 20549										Number: 3235-028 es: January 31, 200							
	•													nated average burde						
4														hours	s per response 0.5					
	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP																			
Check this box if no longer																				
subject to S Form 4 or F	t to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public											•								
Form 4 or Form 5 obligations may continue. See Holding					Utility Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940															
Instruction (Print or Typ																				
Responses)																				
1. Name and Address	of Repor	ting Person*		2. Issuer	r Name and	Ticker or T	Trading S	ymbol							6. Rela	ationship of Reporting k all applicable)	Person(s) to Issuer			1
														1	(_	_		
Wish, B	Barry I	Neal		Ocw	en Finai	ncial C	ation (N	YSE:OC	CN)			х	Directo	r				10% Owner		
(Last) (First) (Middle)			3. IRS or Social Security					4. Statement for			_		Officer	(give				Other		
	(1.151)			Number of Reporting					Month/Year										(specify)	
				Person (Voluntary)				March/2003		03					title below)			below)		
1675 Palm Beach Lakes Blvd														n						
						5. If Amendment, 7.			7. Indivi	dual or Jo	oint/Group	Filing (Check Applicable Lin	e)	\neg					
West Palm Beach Florida 33401				-]				Date of Original			X Form	rm filed by One Reporting Person			on				
				1					Fon				m filed by More than One Reporting Person							
(City)	(Sta	te)	(Zip)																	
					Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security	2. 3. 4. Securities Acquired (A) 5. Amount of 6.										7.	-								
(Instr. 3)				Trans- action action Date Code					or Disposed of (D) Ben					Secur Benef Owne	icially	Owner- ship Form:	of Indirec			
				(Instr. 8)											Direct	Bene- ficial-				
																Owner	-			
	(Month/ Day/									End o Mont		D) or Indirec	:							
	Year) Code V			Amoun	Amount (A) or (D)			rice	ce (Instr. 3 and		3 and	(I)	(Instr. 4)	\dashv						
				,				(D)					4)		(Instr. 4)					
															, , , , , , , , , , , , , , , , , , ,					
Common Stock *			03/17/03		s		1,000			\$3.221					I	By Wishco				
Common Stock *				03/18/03		S		1,000	D		\$3.28	28				I	By Wishco			
										8,470	,305									
*Sale in accordance w																				
FORM 4						Təł	ole II	Derivati	ve Sec	rities	Aca	uired	Dier	nsed (of. or	Beneficially	Owned			
(continued)						191	ле II .										Jwitt			
								(e.g., pi	ns, call	s, war	raiit	s, opt	iulis,	convei		securities)				
1. Title of Derivative Security		2. Conver-		3. 4. 5. Number of Deriv- Trans- Transac- ative Securities Exer- Amount of Price									9. Number	Form c	mer- ship of Deriv-					
(Instr. 3)	nstr. 3) sion or Exercise Price of Deriv-		ion or action Exercise Date			ction tion Date Code			Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			ole and iration	Underlying Securities (Instr. 3 an		ying ies	of Deriv- ative	of Deriv- ative	ative S	ecurit y Direct	
			Deriv- (M ative Da		(Month/ Day/ Year)			(0	,		Date			(IIIsu. 3 4)		Secur- ity	Secur- ities		(D) or Indirect	
												Mo Yes		th/Day/)				(Instr. 5)	Bene- ficially Owned	(I) (Instr.
																	at End of		+)	
										Date	E	xpira-							-	
	I		11		1		I.			11	1		11	1						

										Amount or Number of		Month (Instr. 4)		
			Code	v	(A)	(D)	Exer- cisable	tion Date	Title	Shares				
						/s/	E. Paul Rubino	, Attorney-in-	-Fact		03/19/03			
							**Signature of	Reporting Pe	erson		Date			
See 18 U.S Note: File three copie I Potential persons whe	**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.											,t		

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