

AMBROSIO COSTANTINO  
 Form 3/A  
 April 17, 2003

SEC 1473 (09-02) 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 control number.

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| <b>FORM 3</b> | <b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br><br>Washington, D.C. 20549  | OMB APPROVAL   |
|               | <b>INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES</b><br><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935<br>or Section 30(h) of the Investment Company Act of 1940 | OMB Number: 3235-0104<br>Expires: January 31, 2005<br>Estimated average burden hours per response. . . 0.5 |

(Print or Type Responses)

|   |   |   |  |
|---|---|---|--|
| 1. Name and Address of Reporting Person*<br><br>Ambrosio Costantino<br>(Last) (First) (Middle)<br><br>care of Vicuron Pharmaceuticals Inc.<br>455 South Gulph Road, Suite 305<br>(Street)<br><br>King of Prussia PA 19406<br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><br>2/28/03<br><br>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) | 4. Issuer Name and Ticker or Trading Symbol<br><br>Versicor Inc. VERS (subsequently changed to Vicuron Pharmaceuticals Inc. (Nasdaq: MICU)<br><br>5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input checked="" type="checkbox"/> Director<br><input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below)<br><input type="checkbox"/> Other (specify below)<br><br>Chief Manufacturing Officer | 6. If Amendment, Date of Original (Month/Day/Year)<br><br>03/06/2003<br><br>7. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><br><input type="checkbox"/> Form filed by More than One Reporting Person |
|---|---|---|--|

**Table I - Non-Derivative Securities Beneficially Owned**

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| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|
| Common stock                       | 141,600  | D   |  |
|                                    |  |   |  |
|                                    |  |   |  |
|                                    |  |   |  |
|                                    |  |   |  |
|                                    |  |   |  |
|                                    |  |   |  |



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**Peter T. Healy, Esq. (by power of attorney)**

\*\* Signature of Reporting Person

**4/16/03**

Date

\* If the form is filed by more than one reporting person, *see* Instruction 5(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 is insufficient,  
*See* Instruction 6 for procedure.

<http://www.sec.gov/divisions/corpfin/forms/form3.htm>

*Last update: 09/03/2002*