Barrett William Form 3 November 15, 2005

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person \*

A Barrett William

(Last)

(First)

HARBORSIDE FINANCIAL

(Street)

CENTER, 3200 PLAZA 5

(Middle)

Statement

(Month/Day/Year)

10/26/2005

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

SunAmerica Focused Alpha Large-Cap Fund, Inc. [FGI]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

VP of Investment Adviser

10% Owner Director Officer \_X\_ Other (give title below) (specify below)

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

\_X\_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

JERSEY CITY, NJÂ 07311

(City) (State) (Zip)

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form: Direct (D)

Table I - Non-Derivative Securities Beneficially Owned

Ownership (Instr. 5)

or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 4. (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership (Month/Day/Year) Derivative Security or Exercise Form of Derivative (Instr. 4) Price of

Security: Derivative Date **Expiration Title** Amount or Security Direct (D) Number of Exercisable Date or Indirect

Shares (I)

1

6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Barrett William

HARBORSIDE FINANCIAL CENTER 3200 PLAZA 5

JERSEY CITY, NJÂ 07311

## **Signatures**

Anna Rossmann, by power of attorney for William
Barrett

11/15/2005

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* 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. 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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