FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burd | en | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* GLAZER DARCIE | | | | | | 2. Issuer Name and Ticker or Trading Symbol ZAPATA CORP [ZAP] | | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|--------------------|--|--|--|-----------|---|---------|--|------------------|--|-------------|------------------|--|---|--|--|--|--|--|
| GLAZEK DAKCIE | | | | | | | | | | | | | | | | | tor | | 10% Owner | | | |
| (Last) 1255 NO | | Date o | | est Tran | saction | (Mon | th/D | Day/Year) | | | Officer (give title below) | | Other (s below) | specify | | | | | | | | |
| (Ctroot) | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| (Street) PALM BEACH FL 33480 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | Perso | | e man | топе керо | rung | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curit | ies Ac | quire | d, D | isr | osed c | of, or | Bene | eficial | ly Owne | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Ye | | //Year) Exec | | A. Deemed Execution Date, f any Month/Day/Year) | | 3. Transaction Code (Instr.) 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | | Benefic Owned | es ially Following | Form (D) or | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Cod | le V | | Amount | | A) or O) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock | | | | | /2005 | | | | N | | | 4,000 |) | Α | \$5.78 | 1 4, | ,000 | | D | | | |
| Common | Stock | | | 12/14 | 1/2005 | 5 | | | D | | | 4,000 |) | D | \$6.25 | 5 | 0 | D | | | | |
| | | ٦ | able II - | Deriva (e.g., p | | | | | | | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | Date, | 4. Transactioi Code (Instr 8) | | n of | | 6. Date Expira (Month | tion Da | ate | ble and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owr Forr Dire or Ir (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Coo | Code | e V | (A) | (D) | Date Exerci | sable | | xpiration ate | Title | O N O | umber | | | | | | | |
| Options | \$5.781 | 12/14/2005 | | | M | | | 4,000 | 07/11/ | 1998 | 02 | 2/09/2006 | Comn | non Z | 1,000 | \$6.25 | 95,972 | 2 | D | | | |

Explanation of Responses:

/s/ Darcie S. Glazer

12/16/2005

** Signature of Reporting Person

Date

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 4 (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.

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 Number.