

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person*

Kloosterman Harold J.

(Last) (First) (Middle)

900 Victors Way, Suite 350

(Street)

Ann Arbor MI 48108

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Omega Healthcare Investors, Inc. (OHI)

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Statement for Month/Year

September 2001

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person to Issuer
(Check all applicable)

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

7. Individual or Joint/Group Filing (Check applicable line)

Form filed by one Reporting Person
 Form filed by more than one Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of,
or Beneficially Owned

<TABLE>
<CAPTION>

Owner-	1.	2.	3.	4.	5.	6.
Form:	Nature of	Transaction	Code	Securities Acquired (A) or Disposed of (D)	Amount of Securities	ship
Direct	or Indirect	Transaction	(Instr. 8)	(Instr. 3, 4 and 5)	Beneficially	
1.	Indirect Beneficial	Transaction	(Instr. 8)	(A)	Owned at End	(D)
					of Month	

(D) or 1. In- Title of direct Derivative (I) Security (Instr. 3) 4)	Bene- ficial Owner- ship (Instr. 4)	Price of Deriv- ative Secur- ity	Trans- action Date (Month/ Day/ Year)	action Code (Instr. 8) ----- Code V	or of (D) (Instr. 3, 4 and 5) ----- (A) (D)	Disposed of (D) (Instr. 3, 4 and 5) ----- (A) (D)	Expiration Date (Month/Day/Year) ----- Date	Expiration Date (Month/Day/Year) ----- Date	----- Title	Amount or Number of Shares	Deriv- ative Secur- ity (Instr. 5)	Owned at End of Month (Instr. 4)
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Options
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Explanation of Responses:

/s/ HAROLD J. KLOOSTERMAN

October 9, 2001

**Signature of Reporting Person

Date

** 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.