## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 FRANKE TH	s of Reporting Person <sup>*</sup>		2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]		ationship of Reporting Perso < all applicable) Director Officer (give title	son(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 410 NORTH EAGEL STREET		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/29/2003		below)	below)	
(Street) MARSHALL (City)	MI (State)	49068 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	vidual or Joint/Group Filing Form filed by One Repo Form filed by More thar	,	

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

		10	ible I - NOII-De	IIValive	- 36	cunities	Асці	uneu, i	Jish	useu oi,		Sellelli		meu				
1. Title of Security (Instr. 3)			Date	ansaction hth/Day/Ye	ear)   I	2A. Deemed Execution D f any Month/Day	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(1150.4)	
Preferred A			08	/29/200	13			Ρ		100		A	\$24.3	8,4	00		ı	Owned by a family limited liability company of which Mr. Franke is a member.
			Table II - Deri <sup>.</sup> (e.g.							ed of, o nvertible				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	nversion Date Execution Date, Transaction Deriv. Exercise (Month/Day/Year) if any (Month/Day/Year) 8) Acquire if any cor Discussion (Month/Day/Year) 8) Acquire in the second sec		Derivative Securities Acquired or Dispos	curities (Month/Day/Year) curied (A) Disposed of ) (Instr. 3, 4			e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e ( s F Illy [ g (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A) (i	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	1011(5)		

Explanation of Responses:

Remarks:

Thomas Peterson, Attorney-In-09/02/2003

Fact

\*\* 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.