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 of Reporting Person* PICKETT C TAYLOR					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI]											Il applicable Director Officer (gi	e)	Person(s) to Issuer 10% Ov Other (s		wner
I					3. Date of Earliest Transaction (Month/Day/Year) 01/08/2004										^	below) below)  Chief Executive Officer				
SUITE 100	)				1. If Am	nendm	ent, Date o	of Orio	ginal Filed	l (Mo	onth/Day/Y	'ear)			divid	ual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street)	MI MI	)	21093												•	Form filed	I by More	than O	ne Reportin	g Person
(City)	(Sta	ate)	(Zip)																	
			Table I - No	n-Deriva	ative	Sec	urities A	cqu	uired, D	isp	osed of	f, or E	3enefi	cially C	)wn	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Exe	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5)			Beneficially Following		Owned Reported	Form:	nership : Direct (D) lirect (I) : 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	<b>/</b>	Amount		(A) or (D)	Price	Transaction (Instr. 3 and					(instr. 4)
Common Stock				01/08/2	/08/2004				М		392,2	242 A S		\$2.3	2	310,328		D		
Common Stock			01/08/2004					F		201,91	14 <sup>(1)</sup> D \$		\$9.5	7	310,328		D			
			Table II - I				ities Acc								nec	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year	4. Transac Code (II		Deriv Secu Acqu or Di	erivative ecurities cquired (A) r Disposed of 0) (Instr. 3, 4		ate Exerci iration Dat nth/Day/Ye	e and	7. Title and Amou Securities Underly Derivative Securit 3 and 4)		erlying	tr.   1	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	Owr Fori Ily Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exe	e rcisable		xpiration ate	Title		Amount o Number o Shares			(Instr. 4)	(-,		
Employee Stock Option (right to buy)	\$2.32	01/08/2004		М			392,242 12/		31/2002 <sup>(2)</sup>	06	6/12/2001	O01 Common Stock		392,24	.2	\$0 707,7		58	D	

## Explanation of Responses:

- 1. Represents the agregate of 95,088 shares held by the reporting person for more than six months prior to the exercise of the option and delivered as payment of the exercise price and 106,826 shares otherwise issuable pursuant to the exercise of the option withheld as payment of the reporting person's tax liability in connection with the option.
- 2. These options were part of a previously reported grant of 627,587 shares on June 12, 2001 by the Issuer to the Reporting Person of which one-half vested on June 12, 2003 with the balance vesting in equal monthly amounts through June 12, 2005.

## Remarks:

Thomas Peterson

01/12/2004

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.