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*  FRANKE THOMAS F					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										all applicable Director Officer (gi	Director Officer (give title		10% Othe	Owner or (specify
(Last) (First) (Middle) 410 NORTH EAGEL STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/29/2003										below)			belo	w)
(Street)  MARSHALL  (City)	MI (State)	49 (Zi	0068			mendn 2/200		ate of C	Original I	Filed (I	Month/Day/Ye	ear)	6.	Indiv X	ridual or Joint Form filed Form filed	by O	ne Reporti	ng Perso	· 1
(Oity)	(State)			D			!4! -	- ^ -		. D:-		D	£: -: - II		1				
1. Title of Security (Instr. 3) 2. Tran					action 2A. I Exec Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities	d of, or Beneficiarities Acquired (A) or ed Of (D) (Instr. 3, 4 and the original of (D) (D) (D) (D) (D) (D)		5. Se Be Fo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				7. Nature of ndirect Beneficial Ownership (Instr. I)
Preferred A					08/29/2003						100	A	\$24.3		100		1		See footnotes <sup>(1)(2)</sup>
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3)	erivative Conversion Date Execution Date			Date,	Code (Instr.				Expir (Mon	te Exer ation I th/Day	Pear) Derivative Securit (Instr. 3 and 4)		Underlying Security d 4)	g	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follow Repor	rrities eficially ed owing orted saction(s)  Form Director (I) (I)		Beneficial ) Ownership ct (Instr. 4)
Explanation of Poer					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Sha						

- 1. Owned by a family limited liability company of which Mr. Franke is a member.
- 2. Indirect shares held by reporting person were previously reported as 8,400. This erroneously included 8,300 shares directly held by the reporting person.

## Remarks:

Thomas Peterson, Attorney-In- 02/13/2004 **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.