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*  BOOTH DANIEL J  (Last) (First) (Middle)  2200 CORBETT ROAD  (Street)  MONKTON MD 21131  (City) (State) (Zip)							2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ] 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2004 4. If Amendment, Date of Original Filed (Month/Day/Year)									ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner Officer (give title Other (specifibelow) Chief Operating Officer  vidual or Joint/Group Filing (Check Applicable If Form filed by One Reporting Person Form filed by More than One Reporting Person			able Line)
(Oity)	(Glate)			Dor	ivativ	- S	· · · · · · · · · · · · · · · · · · ·	s A sau	uirod [	Dien	ocad of	or E	Ponofic	ially Ou	mad				
Common Stock 11/1				. Transaction Date  Month/Day/Year)		2A. Deem Execution if any (Month/Da	ed Date,	3. Transacc Code (In 8) Code	tion	4. Securities Acquired Disposed Of (D) (		quired (A	or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  272,619  254,119		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	n Date, ay/Year)		I. Fransaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				e Securities Un		derlying curity	8. Price of Derivative Security (Instr. 5) Seuritie Benefici Owned Followin Reporter Transac (Instr. 4)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Remarks:

Thomas H. Peterson, Attorney-

in-Fact

\*\* Signature of Reporting Person

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.