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 | | | | | | | |

| 1 | Check this box if no longer subject to |
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| ı | Section 16. Form 4 or Form 5 obligations |
| | 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* KLOOSTERMAN HAROLD J | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | | | ationship of F c all applicab Director Officer (g | le) | Person(s) to Issuer 10% O Other (| | wner | |
|--|---------|------------------|------------|---|--|--|---|--|---|---------|---|----|-------------------------------------|---|---|----------------|---|--|--|--|
| (Last) (First) (Middle) 0777 OLD HERRON ROAD | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2005 | | | | | | | | | | | below) | | |
| BOX 4360 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | | | | | | | ^ | | , | • | ne Reportin | g Person | |
| BASALT | CO | 81 | 621 | | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Deri | ivativ | e Se | ecuritie | s Acq | uired, | Disp | osed of, | or | Benefi | cially Ov | /ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/It | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securitie Disposed (Code (Instr. 8) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| OHI Common Stock 01/14 | | | | | | 4/2005 | | Α | | 1,000(1 | OO(1) A \$ | | \$11.03(2) | 66,723(3) | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| | | | | I. Fransaction Code (Instr. 3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ite | 7. Title and Amo Securities Unde Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Explanation of Re | | | | | Code | v | (A) | Date Expiration | | | | | Amount or Number of Shares | (Instr. 4) | | ion(s) | | | | |

- 1. Represents grant of restricted stock to the reporting person vesting over time.
- 2. Granted for no consideration
- 3. The reporting person also indirectly owns 35, 206 shares, which are held directly by spouse.

Remarks:

Thomas Peterson, Attorney-In-

Fact

** Signature of Reporting Person

Date

01/18/2005

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.