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

Name and Address of Reporting Person*  KORMAN BERNARD J						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]									tionship of Reporting F all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Own Other (sp below)		wner
(Last) (First) (Middle) 7812 FISHER ISLAND DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/14/2005													, ,
(Street) FISHER ISLAND FL 33109 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Та	ble I - No	n-Der	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	, or	Benefi	cially Ow	ned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/I					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)					ies Acquired (A) or Of (D) (Instr. 3, 4 an			Securities F Beneficially Owned o		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
										v	Amount		(A) or (D)	Price					(Instr. 4)
OHI Common Stock 01/14						4/2005			Α		3,000(1	1)	Α	\$11.03(2)	547,414			D	
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)	erivative Conversion Date Execution Date, T			l. Fransaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		ate	7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4)		nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercis	sable	Expiration Date Ti		e	Amount or Number of Shares		(Instr. 4)	5.1(5)		

## Explanation of Responses:

- 1. Represents grant of restricted stock to the reporting person vesting over time.
- 2. Granted for no consideration.

## Remarks:

Thomas Peterson, Attorney-In-

<u>Fact</u>

\*\* Signature of Reporting Person

Date

01/18/2005

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.