FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* PICKETT C TAYLOR					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]										Relationship of Report (Check all applicable) X Director			10% Owner		
(Last) 9690 DEEF	(Firs	•	3.	3. Date of Earliest Transaction (Month/Day/Year) 01/26/2005									_ x	Officer (gi below) Chi		Other (specify below)		pecify		
SUITE 100				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) TIMONIUM MD 21093														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	te)	(Zip)	-																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Da				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e,	Code (Instr.		4. Securiti Disposed	es Ac Of (D)	quired (A) (Instr. 3,	or 4 and 5)	nd 5) Securities Beneficiall Following		Form:	: Direct (D) lirect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(Instr. 4)	
Common Stock				01/26/2	6/2005			М		46,40	8	Α	\$2.32	700,561			D			
Common Stock				01/26/2	6/2005		\Box	М		20,00	0	Α	\$3.17	720,561			D			
Common Stock				01/26/2	26/2005			F		30,198	B ⁽¹⁾ D \$1		\$11.1	690,363			D			
			Table II - D								sed of, o				ed					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Tra			Transac Code (Ir	nstr.	Derivative		Exp	Date Exerc Diration Da Donth/Day/Y	e and 7. Title and Amou Securities Underly Derivative Securit 3 and 4)		lerlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	(D) Date			xpiration ate	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)				
Employee Stock Option (Right to Buy)	\$2.32	01/26/2005		М			46,408	12/3	31/2002 ⁽²	0	6/12/2011		mmon itock	46,408	\$0	181,29	92	D		
Employee Stock Option (Right to Buy)	\$3.17	01/26/2005		М			20,000	10/2	25/2003 ⁽³	1	0/25/2011		mmon Stock	20,000	\$0	161,2	92	D		

Explanation of Responses:

- 1. Represents the aggregate of 13,909 shares held by the person for more than six months prior to the exercise of the option and delivered as payment of the exercise price and 16,289 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 800,000 shares on June 12, 2001 by the Issuer to the Reporting Person of which one-half vested on or by June 12, 2003, with the balance vesting in equal monthly amounts through June 12, 2005.
- 3. These options were part of a previously reported grant of 320,000 shares on October 25, 2001 by the Issuer to the Reporting Person of which one-half vested on October 25, 2003 with the balance vesting in equal monthly amounts through October 25, 2005.

Remarks:

Thomas Peterson, Attorney-In-

** Signature of Reporting Person

<u>Fact</u>

01/28/2005

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.