FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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* CRABILL R LEE						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]									ationship of F all applicab Director Officer (o	le)	Person(s) to Issuer 10% Ov Other (s		
(Last) (First) (Middle) 14830 HUNTING WAY						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2005									below)		below) ce President			
(Street) PHOENIX MD 21131 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Та	ble I - No	n-De	rivativ	e Se	curiti	es Acq	uired,	Disp	osed of,	or B	enefic	ially Ow	/ned					
Dat				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securition Disposed				nd 5) Securities Beneficial Following		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)	
Common Stock 02/						4/2005			S		900 ⁽¹⁾ D		D	\$11.24	206,724			D		
Common Stock 02/1)5			S		35,000(1)		D	\$11.2	171,724			D		
Common Stock 02/1									s 9,10		9,100	9,100 ⁽¹⁾ D \$		\$11.23	162,624		D			
Common Stock 02/1-							4/2005				2,300(1)		D	\$11.25	160,324		D			
Common Stock 02/1									S		12,700(1)		D	\$11.3	147,624		D			
			Table II - I								sed of, o				ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate Securities Un		lerlying urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e C s F lly C	O. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
						v	(A) (D)		Date Exercisable		Expiration Date	or Nu		Amount or Number of Shares		(Instr. 4)	on(s)			

Remarks:

Thomas Peterson, Attorney-in-Fact

02/16/2005

** 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.

^{1.} The reporting person disposed of these shares through open market transactions upon the vesting of stock options previously awarded to him under the Omega Healthcare Investors, Inc. 2000 Stock Incentive Plan. The primary purpose of the disposition was to enable the reporting person to satisfy estimated tax obligations for the year ended December 31, 2004, including tax obligations in connection with his stock option exercises.