SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

1. Name and Addrest STEPHENS	ss of Reporting Pers		2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [tionship of Reporting Pers all applicable) Director	son(s) to Issuer 10% Owner		
(Last) 9690 DEEREC	(First)	(Middle)	OHI] 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2005		Officer (give title below) Chief Financ	Other (specify below) ial Officer		
SUITE 100 (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv X	Form filed by One Rep	g (Check Applicable Line) oorting Person In One Reporting Person		
(City)	MD (State)	21093 (Zip)	_					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed 3. Execution Date, if any (Month/Day/Year) 3. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)) or 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V		Amount	(A) or (D)	Price	(Instr. 3 and 4)		(1150.4)
Common Stock	02/14/2005		S		100(1)	D	\$11.23	242,935	D	
Common Stock	02/14/2005		S		300(1)	D	\$11.24	242,635	D	
Common Stock	02/14/2005		S		3,100 ⁽¹⁾	D	\$11.25	239,535	D	
Common Stock	02/15/2005		S		8,900(1)	D	\$11.25	230,635	D	
Common Stock	02/15/2005		S		17,600(1)	D	\$11.28	213,035	D	
Common Stock	02/15/2005		S		1,000(1)	D	\$11.29	212,035	D	
Common Stock	02/15/2005		S		1,700 ⁽¹⁾	D	\$11.3	210,335	D	
Common Stock	02/16/2005		S		5,000(1)	D	\$11.35	205,335	D	
Common Stock	02/16/2005		S		2,300(1)	D	\$11.45	203,035	D	
Common Stock	02/16/2005		S		1,500(1)	D	\$11.49	201,535	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(* 5	, ,		,	, .				- /				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		

Explanation of Responses:

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.

Remarks:

Thomas H. Peterson, Attorney-	00/40/0005
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in-Fact

** 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.