FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235								
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* BOOTH DANIEL J						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]									tionship of R all applicabl Director Officer (gi	10% Owner			
(Last) 2200 CORE	(Firs	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/03/2006								_ X	below)	ief Operating Officer				
(Street)	I MD		21131	4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	te)	(Zip)																
		,	Table I - Non	-Deriva	ative S	ecu	rities A	cqui	ired, Di	sp	osed of	, or E	Benefic	ially Ow	ned				
Date				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e, 1	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				and 5) Securities Beneficiall Following		Form:	nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership
							-	Code	<i>,</i>	Amount		(A) or (D)	Price	Transaction (Instr. 3 and				(Instr. 4)	
Common Stock 01/					3/2006			М		25,00	00 A \$		\$3.17	165,820		D			
Common Stock 0°				01/03/	/03/2006				М		66,66	67 A		\$3	232,487		D		
			Table II - D								ed of, o				ed				
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	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			le and 7. Title and Amou Securities Underl Derivative Securit 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	cisable		opiration ate	Nu		Amount or Number of Shares		(Instr. 4)	on(s)	3)	
Employee Stock Option (Right to Buy)	\$3.17	01/03/2006		М			25,000	10/25	5/2003 ⁽¹⁾	10)/25/2011		mmon tock	25,000	\$0	66,66	57	D	
Employee Stock Option (Right to Buy)	\$3	01/03/2006		М			66,667	12/31	1/2002 ⁽²⁾	10)/15/2011		mmon tock	66,667	\$0	0		D	

Explanation of Responses:

- 1. These options were part of a previously reported grant of options to acquire 100,000 shares on 10/25/2001 by the Issuer to the Reporting Person of which 50 percent vested on the second anniversary of the grant date and remainder vests ratably on a monthly basis during the third and fourth years after the grant date.
- 2. These options were part of a previously reported grant of options to acquire 250,000 shares on 10/15/2001 by Issuer to the Reporting Person of which 33,333 vested on each 12/31/02, 10/1/03 and 10/1/04, and 83,334 vested on 10/1/03. Of the remaining, 33,333 will vest on each 10/1/05 and 1/1/06.

Remarks:

Thomas H. Peterson, Attorneyin-Fact 01/04/2006

** 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.