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

| 1. Name and Address of Reporting Person * STEPHENSON ROBERT O | | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | (Check | tionship of F all applicab Director Officer (g | 10% Owi | | wner | | |
|--|---------|-----|--|---|------------|--|---|--|---|---|---|---|-------------------------------------|---|---|--|---|--|--|--|
| (Last) (First) (Middle) 9690 DEERECO ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2007 | | | | | | | | - ^ | Chief Financial Officer | | | | | |
| SUITE 100 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | MD | 21 | 093 | | | | | | | | | | * | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Der | ivativ | e Se | ecuritie | es Acq | uired, | Disp | osed of, | or Bei | nefic | ially Ow | ned | | | , | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | or 4 and 5) | 5. Amount Securities Beneficiall Following | ly Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) (D) | (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| OHI Common Stock | | | | | 02/08/2007 | | |)7 | | | 400 | | D | \$18.5 | 236,058 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 400 | | D | \$18.48 | 235,658 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 300 | | D | \$18.47 | 235,358 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 3,600 | | D | \$18.46 | 231,758 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | S | | 9,900 | | D | \$18.45 | 221,858 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 8,700 | | D | \$18.44 | 213,158 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 7,900 | | D | \$18.43 | 205,258 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 12,70 | 0 | D | \$18.42 | 192,558 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | | | 11,20 | 0 | D | \$18.41 | 181,358 | | D | | | |
| OHI Common Stock | | | | | 02/08/2007 | | | | S | | 19,90 | 0 | D | \$18.4 | 161,458 | | D | | | |
| | | | Table II - [| | | | | • | , | • | sed of, o | | | • | ed | | | | | |
| Derivative Conversion Date Ex. Security (Instr. 3) or Exercise (Month/Day/Year) if a | | | 3A. Deemed Execution Da if any (Month/Day/) | cution Date, | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4) | | lerlying urity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Explanation of Responses: | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | i | Amount or Number of Shares | | (Instr. 4) | 5.1(3) | | | | |

Remarks:

Thomas H. Peterson, Attorney-

in-Fact

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).