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							

1	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  (Last) (First) (Middle)  9690 DEERECO ROAD					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ] 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2007										Director Officer (g below)	10% C give title Other		10% Ov Other (s below)	
SUITE 100 (Street)					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				
TIMONIUM  (City)	MD (State)	(Zi <sub>l</sub>	093 p)																
		Та	ble I - Nor	n-Deri	vativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or B	enefic	ially Ow	/ned				
Date					te onth/Day/Year)		2A. Deemo Execution if any (Month/Da	Date,	3. Transactio Code (Instr		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				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	(Innter 2 and )				()
Common Stock 05/0						7			Α		47,292 <sup>(1)</sup> A		\$0	183,	183,750		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		te Sec ear) Der		7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Explanation of Re				c	Code V (A) (D) Date Expiration Date Title					Amount or Number of Shares	(Instr. 4)								

1. Represents grant of restricted stock subject to time-based vesting.

## Remarks:

Thomas H. Peterson, Attorneyin-Fact

\*\* Signature of Reporting Person Date

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).