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 * KLOOSTERMAN HAROLD J					2. Issuer Name <b>and</b> Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [									(Check	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Ov.				/nor		
					OHI]								`   X		i 4141 -						
(Last)	(First)	(N	Middle)	ŀ	3. Date of Earliest Transaction (Month/Day/Year)									-	below)	cer (give title w)		Other (specify below)			
200 INTERNA		05/18/2009																			
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)									6 Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)						
SOITE 3500						4. II Amendment, Date of Original Filed (Month/Day/1981)										d by One Reporting Person					
(Street)														X		d by More			g Person		
HUNT VALLLEY MD 21030																•		•			
(City)	(State)	) (Z	ľip)																		
		Ta	able I - Nor	า-Deriv	ative	Secur	ities	Acq	uired, C	)isp	osed o	f, or B	enefic	ially Ow	ned						
Date					action Day/Year	Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo			rities Acq ed Of (D)	uired (A) (Instr. 3,	) or 4 and 5)	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													63,040		ı	)					
Common Stock														10,827			.	Shares Held Directly By Spouse			
			Table II - [						red, Dis						ed						
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	Transaction Code (Instr.		Derivative		6. Date Exercisabl Expiration Date (Month/Day/Year)		Securities Underlyi		rlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e Constant of the constant of	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	de V	(A)			Date Exercisabl		xpiration ate	Title		Amount or Number of Shares		Transacti (Instr. 4)	ion(s)				
Deferred Stock Units	(1)	05/18/2009			A	44	.2		(2)		(2)	Com		442	\$14.14	3,010	0	D			

## Explanation of Responses:

- 1. Deferred Stock Plan: These units represent the grant of restricted stock to the reporting person vesting over time or upon other specified events and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units.
- 2. Deferred Stock Plan: These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.

/s/ Thomas H. Peterson. Attorney-in-Fact 05/20/2009

\*\* 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.