SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 Address of Reporting Person* LOWENTHAL EDWARD					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]							tionship of F all applicab Director		Person(s) to Issuer 10% Owner Other (specify below)		
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE				3. Date o	3. Date of Earliest Transaction (Month/Day/Year) 02/17/2010							Officer (give title below)				
SUITE 3500				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) HUNT VALLEY MD 21030											Form file	d by More	than One Reporti	ng Person		
(City)	(State)	(Zi	p)													
		Та	ble I - Non	-Derivative S	ecurities Acq	uired, I	Disp	osed of,	or B	enefic	ially Ow	ned				
Date				2. Transaction Date (Month/Day/Year)	Execution Date,		Transaction 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	
						Code	v	Amount	(.	(A) or (D)	Price	(Instr. 3 and 4)			(Instr. 4)	
Common Stock 02/				02/17/2010		А		340(1))	Α	\$1 <mark>8.38</mark>	29,661		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
												ed				

Explanation of Responses:

1. Grant of stock for payment of Director's fees.

/s/ Thomas H. Peterson, Attorney-in-Fact ** Signature of Reporting Person

Amount or Number of Shares

<u>02/19/2010</u>

Date

Transaction(s) (Instr. 4)

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

(D)

Date Exercisable Expiration Date

Title

 * 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.

V (A)

Code