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 and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [									tionship of R all applicabl Director	Reporting Person(s) to Issuer le) 10% Ov		vner		
(Last) 200 INTERN	(First)	`	fiddle)	3. Da	OHI ] 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2010									Officer (give title below)		Other (s below)		specify		
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)								-	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HUNT VALLLEY MD 21030															X Form filed by One Reporting Person Form filed by More than One Reporting Perso					
(City)	(State)	) (Z	ip)																	
		Ta	able I - Nor	n-Deri	ivativ	e Se	curitie	es Acq	uired, [	Disp	osed o	f, or Benef	iciall	y Ow	ned					
Dat				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed O Code (Instr.		ities Acquired d Of (D) (Instr.	(A) or 3, 4 and	nd 5) Securities Beneficially Over Following Rep		Owned or Ind eported (Instr.		nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock															49,7	771		D		
Common Stock															2,558			1	Shares Held Directly By Spouse	
												or Benefic le securition		Owne	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	te, Tr	4. Transaction Code (Instr. 8)		5. Numl Derivati Securiti Acquire or Disp of (D) (I 4 and 5	ive ies ed (A) osed nstr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		g	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)	
				C	Code		(A)	(D)	Date Exercisab		expiration Date	Title	Amo or Num of Si			(Instr. 4)	oii(s)			
Deferred Stock Units	(1)	04/28/2010			Α		900		(3)		(3)	Common Stock	9	00	\$20	7,079	9	D		
Deferred Stock Units	(2)	04/28/2010			Α		170		(3)	T	(3)	Common Stock	1	70	\$18.38	7,24	9	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 represent the grant of stock to the reporting person, 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.
- 3. 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

04/30/2010

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.