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* FRANKE THOMAS F (Last) (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | Relationship of Reporting F (Check all applicable) X Director Officer (give title below) | | | erson(s) to Issuer 10% Owner Other (specify below) | | |
|--|---|-----|----------------------------|--|---|--|--|-----|---|------|------------------------|--|---------------|-------------------------------------|---|--|---|--|--|--|
| 200 INTERNA | 200 INTERNATIONAL CIRCLE | | | | | 01/18/2011 | | | | | | | | | | | | | | |
| SUITE 3500 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | | | | | | | X | | d by One F | | | g Person | |
| HUNT VALLEY | / MD | 21 | 030 | | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi | o) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securition Disposed | | | | 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 | | | | (Instr. 4) | |
| Common Stock | | | | 01/1 | 1/18/2011 | | | | Α | | 3,000 | 1) | Α | \$22 | 47,480 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 47,1 | 41 | ı | | Owned By Family Limited Liability Company Of Which The Reporting Person Is A Member. | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | erivative Conversion Date Executive cecurity (Instr. 3) or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Da | d 4. Date, Transa Code (l | | ion | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | isable and te | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | mount of derlying curity) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | wnership orm: rect (D) Indirect | Beneficial Ownership (Instr. 4) | |
| Explanation of Pos | | | | C | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |

Explanation of Responses

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

/s/ Thomas H. Peterson. Attorney-in-Fact 01/18/2011

** 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.

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