SEC Form 4

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 [*] LOWENTHAL EDWARD (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE SUITE 3500						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) 01/21/2011 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Chec X				10% Owner Other (specify below) Filing (Check Applicable Line)	
(Street) HUNT VALLEY MD 21030 (City) (State) (Zip)															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans. Date					saction /Day/Yea	r) E:	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				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	(Instr. 3 and 4)				(1150.4)
Common Stock 01/21					1/2011	/2011			G	v	1,900		D	\$21.62	33,190			D	
Common Stock 01/21					1/2011	i/2011			G	v	1,900		A	\$21.62	1,900			I I	Family foundation of which reporting person is a member
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 Date, if any (Month/Day/Year) 8)		4. Transact Code (Ins 8)	ion	5. Number of Derivative		6. Date Exerc Expiration Da (Month/Day/Y		isable and f. ate Si (ear) (In Expiration		7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4) Amou or Numb Title of Sha		8. Price of Derivative Security (Instr. 5) Benefici Owned Followir Reporte Transac (Instr. 4)		ve es ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

/s/ Thomas H. Peterson, Attorney-in-Fact

** Signature of Reporting Person Date

01/25/2011

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.