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						

1	Check this box if no longer subject to
ı	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

Name and Address of Reporting Person     PLAVIN STEPHEN D					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [									1 (0)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PLAVIN STEPHEN D					OHI ]									'   X	Director			10% Ov			
(Last)	(First)	(Mi		3. Date of Earliest Transaction (Month/Day/Year)								-	Officer (g below)	ive title		Other (s below)	pecify				
200 INTERNATIONAL CIRCLE						11/16/2012															
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)							_ I	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person								
(Street)													X		ig Person ne Reportin	g Person					
HUNT VALLE	Y MD	21	030																		
(City)	(State)	(Zi	p)																		
		Та	ble I - Nor	n-Deri	ivativ	e Se	curitie	s Acq	uired, [	Disp	osed of,	or I	Benefi	cially Ow	/ned						
Date					Transaction ate Month/Day/Year)		2A. Deem Execution if any (Month/D	n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount		(A) or (D)	Price					(111341.4)		
Common Stoc	k			11/1	6/201	12			Α		581 <sup>(1</sup>	1)	Α	\$21.5	56,256		6 D				
			Table II - I (								sed of, o				ed						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Tr			4. Fransac Code (In 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Endowing 68					Code					Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	Cii(a)					

## **Explanation of Responses:**

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

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

11/16/2012

\*\* Signature of Reporting Person

erson 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.