## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Form 4 Transactions Reported.

or Section 30(h) of the Investment Company Act of 1940

Form 4 Transac	tions Reported	l.		or Sec	tion 30(	(h) of the Inv	estment Con	pany Act	of 1940	)							
1. Name and Address of Reporting Person				2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KORMAN BERNARD J				OHI ]							X	Director			10% (	Owner	
(Loot)	(Leat) (First) (Middle)				,							Officer (gives)			Other below	(specify	
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE				Statement for Issuer's Fiscal Year Ended (Month/Day/Year)     12/31/2012							20.0.1.)			20.011	´		
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)												Form filed by More than One Reporting Person					
HUNT VALLE	Y MD	21	030										,		·		
(City)	(State)	(Zip	))														
		Tai	ble I - Non-De	rivative S	ecurit	ies Acqu	ired, Disp	osed o	of, or	Benefici	ally Ow	ned					
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.	4. Securities Acquired (A) or Disposed Of (Instr. 3, 4 and 5)			· · ·   §	i. Amount of Securities Seneficially Ov			rect In	7. Nature of Indirect Beneficial		
			(o.i.a., zay, i oai, j			8)	Amount	Amount (A)		Price	a			(I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock			12/05/2012			G	10,150		D	\$22.96		626,233		D			
Common Stock										11,624		1	- 1	/ife wnership			
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	nversion Date Exercise (Month/Day/Year) ce of rivative	if any	4. Transaction Code (Instr. 8)	Deriva Securi Acquii Dispos		6. Date Exercisable and Expiration Date (Month/Day/Year)		Sec Deri	7. Title and Amo Securities Under Derivative Secur 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					(A)	(D)	(D) Date Expiration Date Date Title		•	Amount or Number of Shares	3		saction(s)				

**Explanation of Responses:** 

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

12/17/2012

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).