FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden	1							
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 * PLAVIN STEPHEN D					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										tionship of Reporting P all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Ov Other (s below)		
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE				3. Date of Earliest Transaction (Month/Day/Year) 01/29/2013										specify					
SUITE 3500				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	ridual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street) HUNT VALLE (City)	Y MD	21 (Zi	030												Form file	d by More	than O	ne Reportin	g Person
(Сіту)	(State)		ıble I - No	n-Deri	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or E	Benefi	cially Ow	ned				
Date				th/Day/Year)		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 and				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)				(111341. 4)	
Common Stock 01/29					9/201	3			Α		1,250 <sup>(1)</sup> A		\$26.42	57,5	57,506		D		
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 D if any (Month/Day/	ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		te	7. Title and Am Securities Unde Derivative Secu (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)	Beneficial Ownership (Instr. 4)
Endough a 6D			0	Code	v	(A)	(D)	Date Exercis	Amount (Inst or Expiration Number		(Instr. 4)	5.1(3)							

## **Explanation of Responses:**

 $1. \ Represents \ grant \ of \ restricted \ stock \ to \ the \ reporting \ person. \ One \ third \ of \ the \ total \ shares \ will \ vest \ on \ each \ succeeding \ January \ 1.$ 

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

\*\* Signature of Reporting Person Date

01/31/2013

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.