FORM 4

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

Washington, D.C. 20549

	OMB APPRO	/AL					
	OMB Number:	3235-0287					
	Estimated average burden						
l	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

Name and Address of Reporting Person*     Ritz Michael							2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]									ionship of Reporting F all applicable) Director Officer (give title		s) to Issuer 10% Ow Other (s	
(Last) 200 INTERNAT	3. Date of Earliest Transaction (Month/Day/Year) 02/12/2013									_ x	Chief Accounting Officer			below)  Officer					
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) HUNT VALLEY	MD	21	030												Form file	d by More	than O	ne Reportin	g Person
(City)	(State)	(Zip	o)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans Date (Month/						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						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	nt (A) or (D) Price (Instr. 3		(Instr. 3 and				(111501.4)	
Common Stock	2/201	3			S		1,250 <sup>(1)</sup> D		\$27	23,8	23,899		D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security (Instr. 3) OP	onversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)		Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		te Sec ear) Der		tle and Ar rrities Un- rative Sec r. 3 and 4	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Explanation of Resp			Code				(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	on(s)		

1. The sales reported in this Form 4 were effected pursuant to a rule 10b5-1 trading plan adopted by the reporting person on September 20, 2012.

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

\*\* Signature of Reporting Person Date

02/13/2013

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.