SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 <sup>*</sup> KORMAN BERNARD J						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]								(Chec	5. Relationship of F (Check all applicated) X Director Officer (officer (of		Person	(s) to Issuer 10% O Other (	wner
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 11/12/2013								]	below)			below)	
SUITE 3500					4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	ividual or Joint/Group Filing (Check Applicable Line)				
(Street)															Form filed by More than One Reporting Person				
HUNT VALLEY MD 21030																			
(City)	(State)	(Zi	p)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						action 2A. Deemed Execution Date, if any (Month/Day/Yea			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5)	5. Amount of Securities Beneficially Ov Following Rep Transaction(s)		6. Own Form: I or Indir (Instr. 4	Direct (D) I rect (I) I 4) (	(D) Indirect
									Code V		Amount	t (A) or (D)		ce	(Instr. 3 and 4)				
Common Stock 11/12					2/2013	/2013			Р		46,070	) A	\$	31.15	576,526			D	
Common Stock														11,624				Wife Ownership	
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)	Conversion Date Exect or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Day	n Date, Transa Code			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/\		ate	7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		lying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	ve es ially ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A) (D)		Date Exercisable		Expiration Date	or Num		nount Imber Shares		(Instr. 4)			

Explanation of Responses:

## <u>/s/ Thomas H. Peterson,</u>

<u>11/13/2013</u>

Date

Attorney-in-Fact
\*\* Signature of Reporting Person

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.