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							

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*  KORMAN BERNARD J  (Last) (First) (Middle)  200 INTERNATIONAL CIRCLE					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]  3. Date of Earliest Transaction (Month/Day/Year) 12/02/2013									(Chec	k all applicabl Director Officer (g below)	e)	Person(s) to Issuer  10% Owner  Other (specify below)		wner specify
SUITE 3500  (Street)  HUNT VALLEY MD 21030						4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Line)  K Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(State)	(Zi <sub>l</sub>		n Dor	ivativ		ocuritio	s A oc	uirod	Die	nosad of	or Bor	ofic	ially O	wood				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	2A. Deemed Execution Date,		3. 4. 8		4. Securitie	ecu of, of Berieficial ecurities Acquired (A) or posed Of (D) (Instr. 3, 4 and			5. Amount of		6. Owner Form: D or Indire (Instr. 4	Direct (D) ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)	Р	rice	(Instr. 3 and 4)				,
Common Stock 12/02						2/2013			G	٧	1,000	D		\$32.19	608,341		D		
Common Stock														11,624		1		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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		erlying urity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followin Reporte Transac	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V		(A)	(D)	Date Exerci	sable	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)				

**Explanation of Responses:** 

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

12/02/2013 \*\* 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.

 $<sup>^{\</sup>star}$  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).