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* KORMAN BERNARD J					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]										k all applicabl Director Officer (gi	e)	, 1 e title C		0% Owner ther (specify	
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 12/26/2013										below)			below)		
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person							
(Street)	Y MD	21	030												Form filed by More than One Reporting F					
(City)	(State)	(Zi	o)																	
1		Та	ble I - No	on-Der	ivativ	e Se	curitie	s Acc	quired	, Dis	posed of,	or Bene	ficia	lly Ov	vned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D)				Acquired (A) or f (D) (Instr. 3, 4 and 5)		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)	
										v	Amount	(A) or (D)	Pric	е	(Instr. 3 and				(III301. 4)	
Common Stock 12/26/					6/2013		G	٧	10,000	D	\$3	30.25 598		341		D				
Common Stock													11,624		ı		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) 2. Conversion Date Execution (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution (Month/Day/Year) if any (Month/Day/Year)				Date, Transaction					Expira (Mont	e Exerc ation D h/Day/			ying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followin Reporte Transac	ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code V (A		(A)	(D)	Date Exercisable		Expiration Date	or Nur		ount mber Shares		(Instr. 4)				

Explanation of Responses:

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

** Signature of Reporting Person Date

12/31/2013

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.

 $^{^{\}star}$ 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).