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 | | | | | | |

| 1 | Check this box if no longer subject to |
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| ı | Section 16. Form 4 or Form 5 obligations |
| | 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* PICKETT C TAYLOR | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | | [Check | ationship of R c all applicab Director Officer (g | le) | erson(| s) to Issuer 10% Ow Other (s | · |
|---|--|------------------|-------------|---|---|--|---|--|--------------------------------------|------|--|------------------------|--------------------|---|---|--|--|--|---|
| (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2013 | | | | | | | | | X Onlicer (give title Other (spi below) below) Chief Executive Officer | | | | |
| SUITE 3500 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) HUNT VALLE | Y MD | 21 | 030 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deri | vativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or E | Benefi | cially Ov | /ned | | | | |
| Date | | | | | th/Day/Year) | | 2A. Deemo Execution if any (Month/Da | Date, | 3. Transactio Code (Inst 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | Securities Beneficially Following | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and | | | | () |
| Common Stock 12/3 | | | | | 1/201 | 3 | | | F | | 84,167 | 1,167 ⁽¹⁾ D | | \$29.8 | 302,849 | | | 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) | erivative Conversion Date Execution Date, Courity (Instr. 3) or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | te | 7. Title and Am Securities Und Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Evaluation of Po | | | | c | Code | ode V (A) (D) Date Expiration Date Title | | | | | Amount or Number of Shares | (Instr. 4) | | ion(s) | | | | | |

1. Represents a portion of restricted stock that vested on December 31, 2013 and was delivered by the reporting person on December 31, 2013 as payment of income tax liability in connection with such vesting.

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

01/02/2014

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.