FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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 * CRABILL R LEE						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]									tionship of R all applicabl Director Officer (q	e)	Person	(s) to Issuer 10% Ov Other (s		
(Last) 200 INTERNA	(First)	`	ddle)	-	ite of		Transacti	on (Month	n/Day	/Year)	_ X	below) Senior Vice President				респу				
SUITE 3500						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person					
(Street) HUNT VALLEY MD 21030															Form filed by More than One Reporting Person					
(City)	(State)	(Zi	p)																	
		Та	ble I - No	n-Der	ivativ	e Se	curiti	es Acq	uired, [Disp	osed of	, or	Benefic	ially Ow	ned					
Date					nsaction h/Day/Ye	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficially Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 03/3					31/201	4			М		8,082	(1)	Α	\$33.52	80,235		D			
Common Stock 03/3					31/2014				М		2,694	(2)	А	\$33.52	\$33.52 82,9			D		
Common Stock 03/3				03/3	31/201	4			F		3,873	3(3)	D	\$33.52 79,		9,056		D		
		,	Table II - I								sed of, o				ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) of tive	3A. Deemed Execution Day if any (Month/Day/	ate,	4. Transaction Code (Instr. r) 8)		Deriva Secur Acqui or Dis	ities red (A) posed (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)			Secu			ying Derivative		er of e s allly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date			Amount or Number of Shares		Transaction(s (Instr. 4)		s)		
Performance Res. Stk. Units	(1)	03/31/2014			М	М		8,082	(4)		(4)		Common Stock		\$0 35,02		20 D			
Performance Res. Stk. Units	(2)	03/31/2014			М	М		2,694	(4)		(4) Common Stock 2		2,694	\$0 32,32		26	D			

Explanation of Responses:

- 1. Represents performance restricted stock units (PRSUs) that vested on March 31, 2014, with the amount earned based on absolute Total Shareholder Return for the 2011-2013 performance cycle.
- 2. Represents PRSUs that vested March 31, 2014 that are based on relative Total Shareholder Return for the 2011-2013 performance cycle.
- 3. Represents the portion of PRSUs that vested on March 31, 2014 that are deliverable by the reporting person on or about March 31, 2014 as payment of income tax liability in connection with the vesting of the PRSUs
- 4. These units vest in four equal installments at the end of each calendar quarter in 2014 subject to continued employment.

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

04/02/2014

** 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.