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 *  Ritz Michael  (Last) (First) (Middle)  200 INTERNATIONAL CIRCLE						Issuer Name and Ticker or Trading Symbol     OMEGA HEALTHCARE INVESTORS INC [     OHI ]      In Date of Earliest Transaction (Month/Day/Year)     05/07/2014									all applicab Director Officer (g below)	•		10% Ov Other (s below)	
SUITE 3500  (Street) HUNT VALLEY MD 21030					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								- 1	ndividual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(State)	(Zi	p)																
		Та	ble I - Nor	n-Deri	vativ	e Se	curitie	s Acqı	uired, [	Disp	osed of,	or E	Benefi	cially Ow	/ned				
Date							2A. Deem Execution if any (Month/Da	n Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				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)
					Code V Amount (A) or (D)			Price	(Instr. 3 an		(111341.4)								
Common Stock	7/201	4			S <sup>(1)</sup>		2,500 D S		\$35.75	10,2	10,222		D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
	ative Conversion Date Execution Date, Trans			Code (In	ansaction Derivative ode (Instr. Securities			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Evaluation of Pos					Code	v	(A)	(D)	Date Expiration Exercisable Date T		Title		or Number of Shares		(111501.4)				

## xplanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a rule 10b5-1 trading plan adopted by the reporting person on April 1, 2014.

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

\*\* Signature of Reporting Person Date

05/08/2014

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.