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* STEPHENSON ROBERT O (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) 05/30/2014									Relationship of Reporting Person(s) to Issuer heck all applicable) Director 10% Owner X Officer (give title below) Chief Financial Officer				
SUITE 3500 (Street) HUNT VALLEY MD 21030						If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zi) T a	ble I - Nor	n-Der	ivativ	- Se	curitia	e Aca	uired	Dien	osed of	or F	Ronofic	ially Ow	med				
1. Title of Security (Instr. 3) 2. Tran					ansaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a) or	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)
										٧	Amount		(A) or (D)	Price	(Instr. 3 and 4)				
Common Stock 05/3					30/201	0/2014 s 2,5		2,500	(1)	D	\$37	157,471		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)	ivative Conversion Date Execution Date, urity (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 Exercis: Expiration Date (Month/Day/Yea		e Securiti ear) Derivati		7. Title and Amount Securities Underlyi Derivative Security Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)				

Explanation 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 May 21, 2014.

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

** Signature of Reporting Person Date

06/02/2014

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.