FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
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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* PICKETT C TAYLOR (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE SUITE 3500 (Street) HUNT VALLEY MD 21030						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) 05/30/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)									ationship of Reporting Person(s) to Issuer call applicable) Director 10% Owner Officer (give title Other (specify below) Chief Executive Officer vidual or Joint/Group Filing (Check Applicable Lin Form filed by One Reporting Person Form filed by More than One Reporting Person				able Line)
(City)	(State)	(Zi	o)																
		Та	ble I - Non	ı-Der	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or I	Benefi	cially Ov	vned				
Da					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		4. Securiti Disposed	ies Ac Of (D)	quired (A) (Instr. 3,) or 4 and 5)	5. Amount Securities Beneficiall Following Transactio	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	(Instr. 3 and 4)				(Instr. 4)			
Common Stock 05/					5/30/2014				S		20,000)(1)	D	\$37	282,	849 D		D	
Common Stock 06/0					/02/2014				S		10,000	0,000 ⁽¹⁾ D		\$37	272,	272,849		D	
			Table II - D								sed of, o				ed				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		te Securit ear) Derivat		Title and Amount curities Underlyin rivative Security str. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	e C s F lly C	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Forder of the ASS				Code		v	(A)	(D)	Date Exercis	able	Expiration Date	OI N		Amount or Number of Shares		(Instr. 4)	5(5)		
Explanation of Re	sponses:																		

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 20, 2014.

/s/ Thomas H. Peterson, Attorney-in-Fact 06/02/2014

** Signature of Reporting Person Date

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).