FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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1	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
L	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						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ] 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2014									Relationship of Reporting Person(s) to Issue heck all applicable)  Director 10% C  X Officer (give title below)  Chief Accounting Officer				
SUITE 3500 (Street) HUNT VALLE	Y MD	21	030		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(,)	(3.5.13)		ble I - Nor	n-Deri	 ivativ	e Se	curitie	s Acai	uired. l	Disp	osed of.	or E	Benefic	ially Ow	ned				
Date				ate Ex Ionth/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		) or 4 and 5)	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					(A) or (D)	Price	(Instr. 3 an				(,					
Common Stock 06/0					05/2014				S		2,500(1)		D	\$38	2,7	722		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)	tive Conversion Date Execution Date, ty (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 Exercisa Expiration Date (Month/Day/Year		e Securitie ear) Derivative		Fitle and Amount of curities Underlying rivative Security str. 3 and 4)			9. Numbe derivative Securities Beneficia 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)		Date Exercisa		Expiration Date T		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 April 1, 2014.

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

\*\* Signature of Reporting Person Date

06/06/2014

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

- $^{\star}$  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).

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.