FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
l	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 * HILL BARBARA B							2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
							ОНІ]									ive title		Other (s			
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE							3. Date of Earliest Transaction (Month/Day/Year) 11/18/2014									below)		below)			
SUITE 3500						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street)														^		ne Reportin	g Person				
HUNT VALLE	Y MD	21	030																		
(City)	(State)	(Zi _l	o)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date						ransaction 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution Date, if any		3. Transaction Code (Instr. 8)		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)		(A) or (D)	Price	(Instr. 3 and				(111341.4)			
Common Stock 11/1									Α		331(1)		Α	\$37.71	8,5	572		D			
		•	Table II - [sed of, o				ed						
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date			ite,	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/Yea		e Sec ear) Der		itle and Ai urities Un vative Se tr. 3 and 4	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Endough of Bo					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	•	Amount or Number of Shares		(Instr. 4)	Oil(S)	<u> </u>			

Explanation of Responses:

1. Grant of stock for payment of Directors' quarterly compensation.

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

11/19/2014

** 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.