SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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*					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KLOOSTERMAN HAROLD J													L X	Director			10% Ov	vner	
													_	Officer (g	ive title		Other (s	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									below)			below)		
200 INTERNATIONAL CIRCLE					11/18/2014								_						
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
														X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street) HUNT VALLLEY MD 21030														Form file	a by iviore	than C	ne Reportin	g Person	
(City)	(State) (2	Zip)																
		т	able I - Nor	n-Deriva	tive S	ecuritie	es Acc	quired, C)isp	osed o	f, or E	Benefi	cially Ov	ned					
Date				Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					quired (A) (Instr. 3,		5. Amount Securities Beneficiall Following	s Fo Ily Owned or Reported (Ir		mership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A) or (D) P		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
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)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s illy g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title		Amount or Number of Shares	(Instr. 4)					
Deferred Stock	(1)	11/18/2014		Α		331 ⁽²⁾		(3)		(3)		nmon tock	331	\$37.71	34,77	'2	D		

Explanation of Responses:

1. Deferred Stock Plan: These units represent the grant of stock or restricted stock to the reporting person vesting over time or upon other specified events and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units.

2. Grant of stock, elected to be taken as deferred stock units, as payment of quarterly Director compensation.

3. These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.

<u>/s/ Thomas H. Peterson,</u> Attorney-in-Fact

<u>11/19/2014</u>

** 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.