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 Addr CRABILL F	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year)										ionship of Reporting Per all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Ov Other (s below)							
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE							12/31/2014									Senior Vice President					
SUITE 3500						4. If Amendment, Date of Original Filed (Month/Day/Year)								I	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														^	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
HUNT VALLEY MD 21030																					
(City)	(State)	(Zi	p)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. TransDate (Month)					saction Day/Yea	ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securit Disposed						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				(Instr. 4)		
Common Stock 12/3					1/2014		М		10,774(1)		Α	\$39.07	80,488		D						
Common Stock 12/3					1/2014			М		8,959(2)		Α	\$39.07	89,447		D					
Common Stock 12/3				12/31	31/2014				F		9,975(3)		D	\$39.07	79,472		2 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)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/Y	Co	Transaction Code (Instr.		Deriva Secur Acqui or Dis	rities ired (A) sposed of istr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			Secu			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	/e es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode V		(A)	(D)			Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	ion(s)	1(3)			
Performance Res. Stk. Units	(1)	12/31/2014			М			10,774	(4)		(4)		mmon tock	10,774	\$0	0		D			
Restricted Stock Units	(2)	12/31/2014			М			8,959	(5)		(5) Common Stock 8		8,959	\$0 33,27		78	D				

Explanation of Responses:

- 1. Represents performance restricted stock units (PRSUs) that vested on 12/31/2014 for the 2011-2013 performance cycle.
- 2. Represents the vesting of one third of the time based transition restricted stock units for the 2014-2016 service period.
- 3. Represents a portion of vested PRSUs and transition restricted stock units that vested on 12/31/2014 and withheld as payment of income tax liability in connection with such vesting.
- 4. These units vest in four equal installments at the end of each calendar quarter in 2014 subject to continued employment.
- 5. On 12/31/2013, the reporting person was granted restricted stock units, vesting in three equal annual installments beginning on the first anniversary of the grant date.

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

** Signature of Reporting Person Date

01/05/2015

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.