SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Estim hours

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 [OHI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE				01/08	3. Date of Earliest Transaction (Month/Day/Year) 01/08/2015								below) Chi	below)			
SUITE 3500 (Street)				4. If Am	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 Person				
HUNT VALL (City)	.EY MD (State		21030 Zip)	_													
		т	able I - Nor	ı-Derivative	Securit	ies Acq	uired, I	Disp	osed of	f, or	Benefi	cially Ow	ned				
Date				2. Transaction Date (Month/Day/Year	Executi) if any	2A. Deemed Execution Date, if any (Month/Day/Year)				ecurities Acquired (A) or osed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 01/0				01/08/2015			м		283	283 ⁽¹⁾ A \$		\$39.07	4,1	44	D		
Common Stock 01/0				01/08/2015			F		117 ⁽²⁾ D		\$39.07	4,0	27	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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any C		Code (Instr.	ansaction Derivative ode (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun Securities Underlyi Derivative Security 3 and 4)		lerlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e Ownership s Form: ally Direct (D) or Indirect g (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Stock Units (a) 01/08/2015 M Deferred Stock Units (a) 01/08/2015 M Explanation of Responses:

01/08/2015

01/08/2015

1. Represents a portion of the vesting of the transition performance restricted stock units based on absolute and relative Total Shareholder Return for the 2014 performance cycle.

5,362

(A)

Code

Μ

Μ

(D)

283

5,362

2. Represents a portion of transition performance restricted stock units that vested on December 31, 2014 and withheld as payment of income tax liability in connection with delivery of the shares subject to the transition performance restricted stock units.

Date

Exercisable

(3)

(3)

(5)

Expiration Date

(3)

(3)

(5)

Title

Common

Stock

Common

Stock

Common

Stock

3. Represents transition performance restricted stock units that vested on December 31, 2014

4. Represents Deferred Stock Units which the reporting person previously elected to receive in lieu of common stock upon the vesting of Performance Restricted Stock Units (PRSUs). Each Deferred Stock Unit represents a right to receive one share of common stock. If the participant previously elected, dividends will also be converted into Deferred Stock Units.

5. The Deferred Stock Units become payable February, 2017.

(3)

(3)

Restricted

Stock Units

Restricted

<u>/s/ Thomas H. Peterson,</u>	
Attorney-in-Fact	
** Signature of Reporting Person	

Number

of Shares

283

5,362

5,362

\$<mark>0</mark>

\$<mark>0</mark>

\$<mark>0</mark>

6,346

984

19,927

01/12/2015

Date

D

D

D

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.