FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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 * CALLEN CRAIG R | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | | tionship of R all applicabl Director Officer (q | e) | Person | (s) to Issuer 10% Ov Other (s | |
|--|--|--|--|-----|--|-----------------|--|---------------------|--|------------------|------------------------------------|---|-------------------------|--|--|--------|--|---|
| (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015 | | | | | | | | | below) | ive une | | below) | вреспу |
| SUITE 3500 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) HUNT VALLEY MD 21030 | | | | | | | | | | | | | | Form filed | d by More | than C | ne Reportin | g Person |
| (City) | (State |) (2 | Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transpate (Month. | | | | | ay/Year | Executio if any | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispos | | ities Acquired d Of (D) (Instr. | | | Following i | | | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | ount (A) or (D) | | ice | (Instr. 3 and 4) | | | | (mou. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Cod | Transaction 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) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | | xpiration ate | Title | or Nu | nount mber Shares | | (Instr. 4) | U11(5) | | |
| Deferred Stock Units | (1) | 02/18/2015 | | А | | 308(2) | | (3) | | (3) | Common Stock | | 308 | \$40.61 | 9,470 | | D | |

Explanation of Responses

- 1. Deferred Stock Plan: These units represent the grant of stock to the reporting person 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.

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

** Signature of Reporting Person Date

02/19/2015

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.