FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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1	Check this box if no longer subject to
	Section 16. Form 4 or Form 5 obligations
J	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

Name and Address of Reporting Person* KORMAN BERNARD J					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						
						OHI]									Director			10% Ov			
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015									Officer (give title below)		Other (speci below)		респу		
SUITE 3500					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	Y MD	01	030												Form file	d by More	than O	ne Reportin	g Person		
HUNT VALLE	Y IVID																				
(City)	(State)	(Zi _l	p)																		
		Та	ble I - No	n-Deri	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or	Benefi	cially Ow	ned						
Date					e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					ecurities Acquired (A) or osed Of (D) (Instr. 3, 4 ar			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)		
										v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(111341.4)		
Common Stock 05/05						5			Р	100,000 A \$		\$35.995	710,	710,057		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)	vative Conversion Date Execution Date, irity (Instr. 3) or Exercise (Month/Day/Year) if any			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/Year		te Securities Under		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	V (A) (D) Date Expiration Date Title		e	Amount or Number of Shares		(Instr. 4)										

Explanation of Responses:

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

05/06/2015

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $Note: File\ three\ copies\ of\ this\ Form,\ one\ of\ which\ must\ be\ manually\ signed.\ If\ space\ is\ insufficient,\ see\ Instruction\ 6\ for\ procedure.$

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.

^{*} 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).