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* BOOTH DANIEL J						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								le)	erson(s) to Issuer 10% Owner			
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/10/2015								Officer (give title below) Chief Opera		Other (specify below) ating Officer		pecity	
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) HUNT VALLEY MD 21030													Form file	d by More	than One F	Reportin	g Person	
(City)	(State)	(Zij	o)															
		Та	ble I - Nor	n-Deriv	vative Se	ecurities Acq	uired, I	Disp	osed of,	or l	Benefic	cially Ow	ned					
Date				/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a) or 4 and 5)	Securities Beneficiall Following	Securities Beneficially Owned Following Reported		hip ect (D) (I)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 06/1					0/2015		S		10,000		D	\$36.04	199,	766	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 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		C	ransaction Derivative Expiration ode (Instr. Securities (Month/I			on Dat				derlying curity	8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported		i Forn Ily Dire or II (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

(D)

Expiration Date

Explanation of Responses:

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

Amount

or Number of Shares

<u>06/12/2015</u>

(Instr. 4)

** Signature of Reporting Person

Title

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).

Code V (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.