SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL
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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 * PERKS BEN W						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]									ationship of F all applicat Director	ole)	Person(s)	10% Ov		
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 08/18/2015								1	Officer (g below)	give uue		Other (s below)	pecny		
SUITE 3500					4. lf A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)															Form file	ed by More	than One	Reportin	g Person	
HUNT VALLEY MD			21030																	
(City)	(State)	(Zi	p)																	
		Та	ble I - Noi	n-Dei	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	, or I	Benefi	cially Ov	vned					
Date					te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transad Code (II 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficial Following Transactic	ly Owned Reported			7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) Pr		Price		(Instr. 3 and 4)					
Common Stock 08/1						8/2015		A		339(1	339 ⁽¹⁾ A \$		\$36.84	16,	575	C				
			Table II - I (sed of, o nvertible				ed					
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)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)			Secu Deriv	tle and A urities Ur vative Se tr. 3 and 4	curity 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e Ownership Form: Ily Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
														Amount		(Instr. 4)				

Date Exercisable

(D)

Expiration Date

Title

Explanation of Responses:

1. Grant of stock as payment of quarterly Director compensation.

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

Amount or Number of Shares

08/20/2015

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.

Omega Healthcare Investors Inc

Power of Attorney for Executing Forms 3, 4 and 5

Know all men by these presents, that the undersigned, director or officer, or both, of Omega Healthcare Investors Inc, hereby constitutes and appoints each of Thomas H. Peterson, signing singly, the undersigned's true and lawful attorney-in-fact to:

- execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Omega Healthcare Investors Inc (the "Company"), Forms 3, 4, and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder;
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5 and timely file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
- (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transactions in securities of Omega Healthcare Investors Inc unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney as of this 1st day of April, 2015

/s/ Ben Perks