FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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*  LOWENTHAL EDWARD  (Last) (First) (Middle)  200 INTERNATIONAL CIRCLE						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ] 3. Date of Earliest Transaction (Month/Day/Year) 11/06/2015									tionship of R all applicab Director Officer (g below)	le)	Person(s) to Issuer  10% Owne  Other (spe below)		
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Lir     X Form filed by One Reporting Person					
(Street) HUNT VALLE			030												Form file	d by More	than On	e Reportin	g Person
(City)	(State)	(Zi <sub>l</sub>	p) 																
		Та	ble I - Noı	n-Deri	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or l	Benefi	cially Ow	ned				
Date							2A. Deem Executior if any (Month/Da	n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				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)				(
Common Stock 11/0						/06/2015			G	٧	1,445		D	\$34.58	40,802		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 Da if any (Month/Day/		4. Transac Code (In 8)			tive ties ed (A) oosed of	6. Date Exercisab Expiration Date (Month/Day/Year)		e Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e C S Illy D O (I	0. bwnership orm: birect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	Amount or Number of Share			(Instr. 4)	011(3)		

**Explanation of Responses:** 

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

11/06/2015

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).