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

KORMAN BERNARD J					<u>ОМ</u> ОНІ	Issuer Name and Ticker or Trading Symbol     OMEGA HEALTHCARE INVESTORS INC [     OHI ]      3. Date of Earliest Transaction (Month/Day/Year)									lationship of Reportir k all applicable)  Director  Officer (give title below)		Person(s) to Issuer  10% Owner  Other (specification)		wner
200 INTERNATIONAL CIRCLE					11/17/2015														
SUITE 3500					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable Line)				
(Street)															X Form filed by One Reporting Person  Form filed by More than One Reporting Person				ng Person
HUNT VALLE	Y MD	21	030														·		
(City)	(State)	(Zi <sub>l</sub>	p)																
		Та	ble I - No	n-Der	ivativ	e S	ecuriti	es Acc	quired,	Dis	posed of,	, or	Benef	cially O	wned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securiti Disposed			s Acc Of (D)	quired (A ) (Instr. 3,	or 4 and 5)	5. Amount of Securities Beneficially Owne Following Reporte Transaction(s)				7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Price		Price	(Instr. 3 and				
Common Stock 11/17					7/2015			Α		382(1)		Α	\$32.69	711,123		D			
Common Stock														1,00	1,000			Wife Ownership	
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)	rivative Conversion Date Execution Date,				4. Transaction Code (Instr. 8)				6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac	ve les ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	le	Amount or Number of Shares		(Instr. 4)			

## Explanation of Responses

1. Grant of stock for payment of Director's quarterly compensation.

/s/ Thomas H. Peterson. Attorney-in-Fact 11/19/2015

\*\* 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.

 $<sup>^{\</sup>star}$  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).