## SEC Form 5

## FORM 5

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

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						
hours per response:	1.0					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings	Reported.

Form 4 Transactions Reported.

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 *  KLOOSTERMAN HAROLD J  (Last) (First) (Middle)  200 INTERNATIONAL CIRCLE				OME OHI ] 3. Stater	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015							ationship of Reportii k all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Owner Other (specify below)		
SUITE 3500				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) HUNT VALL (City)	LEY MD		1030 Zip)	_								Form filed	by More	e than Or	ne Reporting	j Person
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date (Month/Day/Year)			Execution			on (Instr. 3, 4	4. Securities Acquired (A) or Disposed Of (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Ov		6. Owner Form: Dir (D) or Ind	rect Indi	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			(Month/Da		Code (Inst B)	Amount	Amount		Price a		at end of Issuer's Fiscal Year (Instr. 3 and 4)		(I) (Instr.	4) Owi		
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	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 and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte	ive ies cially ing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Amount Transaction (Instr. 4) Number of		ction(s)		
Deferred Stock Units	(1)	07/17/2015		4A	3,000(2)		(3)	(3)		mmon Stock	3,000	\$35.71	41,7	775	D	

## **Explanation of Responses:**

- 1. Deferred Stock Plan: These units represent the grant of stock to the reporting person for payment of Directors' fees, and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units.
- 2. Represents grant of restricted stock, elected to be taken as Deferred Stock Units, to the reporting person. The restricted units are subject to time based vesting.
- 3. These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.

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

\*\* Signature of Reporting Person Date

02/03/2016

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).

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

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.