SEC Form 5

Ш

FORM 5

Form 3 Holdings Reported.

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Form 4 Transac	tions Reported	I.		or Sec			estment Con										
1. Name and Address of Reporting Person* PLAVIN STEPHEN D (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol <u>OMEGA HEALTHCARE INVESTORS INC</u> [OHI]							all applicable Director Officer (giv	irector fficer (give title		10% Owner Other (specif		
(Last) 200 INTERN/	ddle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015								below)		below)					
SUITE 3500				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) HUNT VALLE	,		030									Form filed by More than One Reporting			g Person		
(City)									<u> </u>								
		Та	ble I - Non-De	rivative Se	ecurit	ies Acqu	uired, Disp	posed of	f, or E	Benefici	ally Ow	ned					
1. Title of Security (Instr. 3) Date (Month/Day/Yea				2A. Deemed Execution Date, if any		3. Transaction Code (Instr.	n (Instr. 3, 4	4. Securities Acquired (A) or Disposed Of (Instr. 3, 4 and 5)				. Amount of securities seneficially Owned		6. Owner Form: Di (D) or Inc	rect Ind	7. Nature of Indirect Beneficial	
				(Month/Day	/Year)	8)	Amount	(/ ([(A) or (D) Price		a F	at end of Issuer's Fiscal Year (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)	
Common Stoc	07/17/2015				3,00	D ⁽¹⁾	Α	\$35.	71	70,902		D					
			Table II - Deriv (e.g.,	ative Sec puts, call								ed					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date (Instr. 3) or Exercise (Month/Day/Year) if any		Execution Date,	4. Transaction Code (Instr. 8)	tion Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration D			7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4) Amo or Num Title of St		of derivative Security Benef (Instr. 5) Owne Follow Trans (Instr		ties cially i ing ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Represents grant of restricted stock subject to time-based vesting.

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

** Signature of Reporting Person

02/03/2016

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).

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.