SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* BOBINS NORMAN (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE				OMEC OHI] 3. Date of	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2016							ationship of Reporting R all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Owner Other (specify below)		
SUITE 3500				4. If Amen	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 VALLEY MD 21030			_								Form file	d by More	than One Repor	ing Person		
(City)	(State)	(Zi	o)													
		Та	ble I - Non-	Derivative S	ecurities Acq	uired, D	Disp	osed of,	or Be	enefic	ially Ow	ned				
Date				. Transaction bate Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				nd 5) Securities Beneficial Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D) Pi		Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 02/																
Common Stoc	k			02/16/2016		Α		444(1))	Α	\$28.18	43,6	617	D		
Common Stoc	k		Table II - De	erivative Sec	urities Acquir s, warrants, c	ed, Dis		ed of, oi	r Bene	eficia	lly Owne		617	D		

Date Exercisable Expiration Date v (A) (D) Title Code Explanation of Responses:

1. Grant of stock as payment of Director's Fees

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

Amount Number of Shares

> 02/18/2016 Date

Transaction(s) (Instr. 4)

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.