FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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* KORMAN BERNARD J					<u>ОМ</u> ОНІ	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC OHI									ck all applicab Director	Officer (give title		10% O	Owner (specify
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 02/16/2016										below)			below)	
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)															Form filed by More than One Reporting Perso				
HUNT VALLE	Y MD	21	030																
(City)	(State)	(Zi _l	p)																
		Та	ble I - No	n-Der	ivativ	e S	ecuritie	es Acc	quired,	Dis	posed of,	or E	Benefi	cially O	wned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,						s Acquired (A) or of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owner Following Reporte Transaction(s)				7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)		Price	(Instr. 3 and				
Common Stock 02/10					5/2016			Α		444(1)		Α	\$28.18	673,967			D		
Common Stock													1,000		1		Wife Ownership		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
	ative Conversion Date Execution Date, ity (Instr. 3) or Exercise (Month/Day/Year) if any				4. Transac Code (In 8)				6. Date Exerci Expiration Dat (Month/Day/Yo		ate Securities Underl		derlying curity	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)	
Euplanation of De-					Code	v	(A)	(D)	Date Exerci	Date E Exercisable D		Title	e	Amount or Number of Shares	mber)		

Explanation of Responses:

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

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

02/18/2016

** 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.

 $^{^{\}star}$ 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).