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*					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC									Relationship of Reporting Person(s) to Issuer     (Check all applicable)					
CALLEN CRAIG R					OHI ]									Director			10% Ov		
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2016									Officer (give title below)		Other (specify below)		pecify	
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street)														Form filed by More than One Reporting Person					
HUNT VALLEY MD 21030																			
(City)	(State	) (Z	ľip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Tran- Date (Month						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficially Following	y Owned or In Reported (Inst		lirect (I)	7. Nature of Indirect Beneficial Ownership		
									v	Amount (A) or (D)		A) or D)	Price		Fransaction(s) Instr. 3 and 4)			(Instr. 4)	
	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	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		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 (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	i	Amount or Number of Shares		(Instr. 4)	oii(s)	"		
Deferred Stock Units	(1)	05/17/2016		А		382 <sup>(2)</sup>		(3)		(3)	Comm Stock		382	\$32.76	15,46	5	D		

## Explanation of Responses:

- 1. Deferred Stock Plan: These units represent the grant of stock to the reporting person 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. Grant of stock, elected to be taken as deferred stock units, as payment of quarterly Director compensation.
- 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

05/17/2016

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.