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 (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE						Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] In Date of Earliest Transaction (Month/Day/Year) 05/17/2016									ationship of Reportin k all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Owner Other (specify below)		wner
SUITE 3500						If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
, ,	Street) HUNT VALLEY MD 21030														romine	u by Moi	e man C	nie Keportii	ig Feisoli
(City)	(State)	(Zi	0)																
		Та	ble I - No	n-Der	ivativ	e S	ecuritie	s Acc	uired,	Dis	posed of,	, or	Benefi	cially O	wned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date						es Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	Price	(Instr. 3 and				
Common Stock 05/17						7/2016			Α		382(1)		Α	\$32.76	674,349			D	
Common Stock													1,000		I		Wife Ownership		
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)	erivative Conversion Date Execution Date				Code (Instr.				6. Date Exerci Expiration Dat (Month/Day/Yo		ate Securities Underl		nderlying ecurity	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)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	le	Amount or Number of Shares	nber)		

Explanation of Responses:

1. Grant of stock for payment of quarterly Directors' fees.

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

05/17/2016

** 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).