FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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*  PERKS BEN W  (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										all applicab	Officer (give title		s) to Issuer  10% Ow  Other (s	·
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2016									below)			Delow)	
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 file	d by More	than O	ne Reportin	g Person
HUNT VALLEY	Y MD	21	030																
(City)	(State)	(Zi <sub>l</sub>	o)																
		Та	ble I - Nor	ı-Deri	vativ	e Se	curitie	s Acqı	uired, [	Disp	osed of,	or I	Benefi	cially Ow	ned				
Date					ransaction e enth/Day/Year)		2A. Deem Executior if any (Month/Da	n Date,	3. Transaction Code (Instr 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a				Securities Beneficially Following	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(111301.4)
Common Stock 05/1					17/2016		А		382 <sup>(1)</sup> A §		\$32.76	20,783		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			```   c	4. 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)		te	7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Evaluation of Pos				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	0.11(3)		

## anation of Responses:

1. Grant of stock as payment of quarterly Director's fees.

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

05/17/2016

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.