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*  HILL BARBARA B  (Last) (First) (Middle)					Issuer Name and Ticker or Trading Symbol     OMEGA HEALTHCARE INVESTORS INC [     OHI ]      Date of Earliest Transaction (Month/Day/Year)										tionship of F all applicab Director Officer (g below)	le)	erson(	s) to Issuer 10% Ow Other (s below)	·
200 INTERNATIONAL CIRCLE						06/09/2016													
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person					
(Street)															Form file	d by More	than O	ne Reportin	g Person
HUNT VALLE	Y MD	21	030																
(City)	(State)	(Zi <sub>l</sub>	p)																
		Та	ble I - Nor	n-Deri	vativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or I	Benefi	cially Ow	/ned				
Date				th/Day/Year)		2A. Deemo Execution if any (Month/Da	Date,				ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(11150.4)
Common Stock 06/09						09/2016		Α		3,000 <sup>(1)</sup> A		Α	\$33.09	16,772		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, Ti			I. Fransaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	Securities Und		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e S Illy	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 Expiration or		Amount or Number of Shares	(Instr. 4)							

## nation of Responses:

1. Represents grant of restricted stock subject to time-based vesting.

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

\*\* Signature of Reporting Person Date

06/09/2016

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.