SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								1 1 1 1	ionship of R all applicabl Director	le)	Person(s	, 10% Ov		
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2016									Officer (give title below)			Other (s below)	pecify	
SUITE 3500				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) HUNT VALL	EY MD	2	21030											Form filed	d by More	than Or	ne Reportin	g Person	
(City)	(State	e) (.	Zip)																
		T	able I - Nor	n-Deriva	tive S	ecuritie	s Acq	uired, D	ispo	osed of	f, or E	Benefic	ially Ow	ned					
Date				2. Transac	ion	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a) or	5. Amount	rities ficially Owned wing Reported		nership	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Date (Month/Day	/Year)	if any	Date,	Transacti Code (Ins						Securities Beneficially Following	y Owned Reported	Form:	Direct (D) irect (I) 4)	Indirect Beneficial Ownership	
					/Year)	if any	Date,	Transacti Code (Ins 8)			d Of (D)			Securities Beneficially	y Owned Reported n(s)	Form: or Indi	Direct (D) irect (I) 4)	Indirect Beneficial	
			Table II - C	(Month/Day	e Sec	if any (Month/Da	Date, ny/Year) Acqui	Transacti Code (Ins 8) Code	tr. v pos	Disposed Amount ed of, d	d Of (D)	(Instr. 3, (A) or (D) neficia	4 and 5) Price	Securities Beneficially Following I Transaction (Instr. 3 and	y Owned Reported n(s)	Form: or Indi	Direct (D) irect (I) 4)	Indirect Beneficial Ownership	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		(Month/Day Derivativ e.g., put 4. Transa Code (e Sec s, cal	if any (Month/Da	Acqui Acqui ants, or of (D)	Transacti Code (Ins 8) Code	tr. V pose cor Date	Amount ed of, o vertibl	or Be or Be le sec	(Instr. 3, (A) or (D) neficia curities e and Am ities Und ative Sect	4 and 5) Price Ily Owne 5) ount of	Securities Beneficially Following I Transaction (Instr. 3 and	y Owned Reported n(s)	Form: or Indi (Instr.	Direct (D) irect (I) 4)	Indirect Beneficial Ownership	

Explanation of Responses:

(1)

Deferred Stock

Units

1. Deferred Stock Plan: These units represent the grant of stock or restricted stock to the reporting person vesting over time or upon other specified events 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.

(3)

(3)

2. Represents grant of restricted stock, elected to be taken as Deferred Stock Units, to the reporting person. The restricted units are subject to time based vesting.

Α

3,500⁽²⁾

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

3,500

Common

Stock

\$33.09

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).

06/09/2016

** 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

06/09/2016

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Date