SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 [*] <u>PLAVIN STEPHEN D</u>					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]									all applicab	le)	orting Person(s) to Issuer 10% Ov		-
ast) (First) (Middle) 00 INTERNATIONAL CIRCLE				3. Date of Earliest Transaction (Month/Day/Year) 08/18/2016									Officer (g below)			Other (s below)	specify	
SUITE 3500				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
Y MD	21	21030										Form file	d by More	than Or	ne Reportin	g Person		
(State)	(Zi	p)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Date Executio Month/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						Securities Beneficial Following	5. Amount of Securities Beneficially Owned Following Reported		Direct (D) rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount (A) or (D) Pr		Price	(Instr. 3 and 4)			(IIISU: 4)		
Common Stock 08/1				'18/2016				Α		336 ⁽¹	1)	Α	\$37.15	75,0	75,064		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Security (Instr. 3) or Exercise (Month/Day/Year) if any		if any	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)			Securities Underly Derivative Securit (Instr. 3 and 4)		derlying curity I)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti	e Ownershi s Form: Ily Direct (D) or Indirec g (I) (Instr. 4	Ownership Form: Direct (D) or Indirect	Beneficial Ownership t (Instr. 4)
	(First) ATIONAL (Y MD (State) y (Instr. 3) y (Instr. 3) k k	(First) (M ATIONAL CIRCLE TY MD 21 (State) (Zi (State) (Zi Ta y (Instr. 3) conversion or Exercise Price of Derivative	(First) (Middle) ATIONAL CIRCLE (Middle) ATIONAL CIRCLE (State) (Zip) Table I - Nor y (Instr. 3) k k 2. Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year)	(First) (Middle) ATIONAL CIRCLE (Middle) ATIONAL CIRCLE (State) (Zip) Table I - Non-Der y (Instr. 3) k 08/ Conversion or Exercise Price of Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)	(First) (Middle) (First) (Middle) ATIONAL CIRCLE 08/1 (State) 21030 (State) (Zip) Table I - Non-Derivative y (Instr. 3) 2. Transaction Date (Month/Day/Year) conversion Or Exercise Price of Derivative 3A. Deemed Execution Date, if any (Month/Day/Year) 4. Transaction Code (In Stransaction Date) (Month/Day/Year)	(First) (Middle) (First) (Middle) ATIONAL CIRCLE 3. 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Date Exercisable

(D)

Expiration Date

Title

Explanation of Responses:

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

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

Amount or Number of Shares

08/22/2016

Date

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).

Code V (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.