FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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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* HILL BARBARA B					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]										ationship of R all applicab Director Officer (g	le)	Person(s) to Issuer 10% O		wner	
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE							Earliest T	ransactio	n (Month	/Day/	Year)		below)	ive due		below)	poony			
SUITE 3500					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)														^	Form filed by More than One Reporting Person					
HUNT VALLEY	Y MD	21	030													·		·		
(City)	(State)	(Zi _l	o)																	
		Та	ble I - Nor	n-Deri	vativ	e Se	curitie	s Acqı	uired, [Disp	osed of,	or I	Benefi	cially Ow	/ned					
Date				ransaction e nth/Day/Year)		2A. Deem Executior if any (Month/Da	Date,	3. Transac Code (In 8)					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)			
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(11150.4)	
Common Stock 11/1						6			Α		433 ⁽¹⁾ A		\$28.89	17,541			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security (Instr. 3) or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		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)		e	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 Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation of Res				c	ode					Amount or Number of Shares	(Instr. 4)		ion(s)							

nation of Responses:

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

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

11/17/2016

** Signature of Reporting Person

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).

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.