FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | 1 | | | | | | | | |
| 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 * KORMAN BERNARD J (Last) (First) (Middle) 200 INTERNATIONAL CIRCLE | | | | | OM OHI 3. Dat | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2016 | | | | | | | | | ationship of Reportin k all applicable) Director Officer (give title below) | | Person(s) to Issuer 10% Owner Other (specify below) | | wner |
|--|--|------------|------------|-------|---------------------|--|----------|-------|-------------------|----------------------------|--|---------------------|--|--|--|---|--|--|--|
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| HUNT VALLE | Y MD | / MD 21030 | | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivative | e S | ecuritie | s Acc | uired, | Dis | posed of, | , or | Benef | cially O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | | 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 | | Price | (Instr. 3 and | | | | |
| Common Stock 11/1 | | | | | 6/2016 | | | Α | | 433(1) | | Α | \$28.89 | 775,118 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 1,000 | | I | | Wife Ownership | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity (Instr. 3) or Exercise (Month/Day/Year) if any | | | | | Fransaction Code (Instr. | | | | Exerc tion D n/Day/\ | ate Secur Year) Deriva | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numl derivati Securiti Benefic Owned Following Reporter | ve Own les Forn lially Director In ling (I) (II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | or Nu | | Amount or Number of Shares | | (Instr. | | | |

Explanation 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.

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.

 $^{^{\}star}$ 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).