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

Name and Address of Reporting Person*     INSOFT STEVEN J					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										onship of Reporting Pers all applicable) Director Officer (give title		Person	(s) to Issuer 10% Ov Other (s	·
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2017									<b>^</b> ^	below) Chief C	below) below) Chief Corp Development Officer			
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv	Individual or Joint/Group Filing (Check Applicable Line     X Form filed by One Reporting Person				
(Street)	EY MD	2	1030												Form filed	d by More	than C	ne Reportin	g Person
(City)	(State)	) (Z	ľip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Diam's (main's)				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			quired (A) (Instr. 3,		5. Amount Securities Beneficial Following Transactic		Form	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(Instr. 4)
Common Stock 01/0					06/2017				М		7,532(1)		Α	\$31.26	426,613			D	
Common Stock 01/0				01/06/	/06/2017				F		2,537(2)		D	\$31.26	424,076			D	
	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)	2. Conversion or Exercise Price of Derivative Security	Date Execut (Month/Day/Year) if any	3A. Deemed Execution Dat if any (Month/Day/Y	Code	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercise Expiration Date (Month/Day/Yea		Securitie		itle and Amount of urities Underlying vative Security (Instr d 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	в ,	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	· ·		
Restricted Stock Units	(3)	01/06/2017		М	М			7,532	(4)	(4)		Common Stock		7,532	\$0 41,64		17	D	

- 1. Represents the vesting on 12/31/2016 of previously reported time-based restricted stock units (RSUs), including the vesting of earned dividend equivalent shares.
- 2. Represents a portion of restricted stock that vested on December 31, 2016 and was delivered by the reporting person as payment of income tax liability in connection with such vesting.
- 3. Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock of the Issuer.
- 4. The RSUs vested on December 31, 2016.

/s/ Thomas H. Peterson, 01/10/2017 Attorney-in-Fact

\*\* Signature of Reporting Person Date

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.