SEC Form 4

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

1. Name and Address of Reporting Person [*] KORMAN BERNARD J						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]									5. Relationship of Reporting (Check all applicable) X Director Officer (give title below)		Person	(s) to Issuer 10% Ov Other (s	vner
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2015											below)		specity
SUITE 3500						4. If Amendment, Date of Original Filed (Month/Day/Year) 12/01/2015									6. 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 MD 21030																			
(City)	(State)	(Zi	ip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date					nsaction :h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed (es Ac Of (D)	quired (A) (Instr. 3,) or 4 and 5)	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						
Common Stock														711,123 ⁽¹⁾			D		
Common Stock															1,00	00			Vife 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 Execut curity (Instr. 3) or Exercise (Month/Day/Year) if any		3A. Deemec Execution D if any (Month/Day	Date, Transac Code (In				ive ies ed (A) osed of	6. Date Exercisa Expiration Date (Month/Day/Yea		te Securi ear) Deriva		Title and Amount of ecurities Underlying erivative Security nstr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	e	or Number of Shares							

Explanation of Responses:

1. Original Form 4 filed on 12/1/2015 has been amended to reflect the cancellation of the gift of 28,000 shares originally reported.

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

** Signature of Reporting Person

02/21/2017

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.