FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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 ]										ck all applicab Director	Officer (give title		10% O	Owner (specify
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 02/16/2017										below)			below)	
SUITE 3500				4. If Amendment, Date of Original Filed (Month/Day/Year)								- 1	ndividual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street)														^		•	•	ne Reporti	ng Person
HUNT VALLE	Y MD	21	030																
(City)	(State)	(Zi <sub>l</sub>	p)																
		Та	ble I - No	n-Der	ivativ	e S	ecuritie	es Acc	quired,	Dis	oosed of,	or l	Benefi	cially O	wned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount of Securities Beneficially Following R Transaction		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 02/1				02/16	6/2017			Α		401(1)		Α	\$31.19	803,519		D			
Common Stock													1,00	1,000		1 1	Wife Ownership		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, T				ransaction Code (Instr.				6. Date Exerci Expiration Da (Month/Day/Yo		ate Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac	ve les ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Evaluation of Dec					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	e	Amount or Number of Shares		(Instr. 4)			

## Explanation of Responses:

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

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

02/21/2017

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).