FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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

Name and Address of Reporting Person* Ritz Michael					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								[(Check	Relationship of Reporting Person(s) to (Check all applicable) Director Officer (give title				to Issuer 10% Owner Other (specify	
(Last) 200 INTERN	(First)	,	Middle)	3.	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017									below) below) Chief Accounting Officer				specify	
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) HUNT VALLEY MD 21030														Form file	d by More	than C	One Reportin	ng Person	
(City)	(State	·) (2	Zip)																
		Т	able I - No	n-Deriva	tive S	ecurit	ies Acc	quired, [Disp	osed o	f, or l	Benefi	cially Ow	ned					
Date				2. Transact Date (Month/Day		Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount Securities Beneficiall Following	y Owned Reported	Form	direct (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 02/2				02/28/2	8/2017		М		2,731(1)		Α	\$32.64	11,5	11,501		D			
Common Stock 02/2				02/28/2	8/2017		М		3,641(2)		Α	\$32.64	15,142		D				
Common Stock 02/2				02/28/2	28/2017			F		2,156 ⁽³⁾ D		\$32.64	12,986			D			
			Table II - I	Derivativ (e.g., put										ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) of tive	3A. Deemed Execution Da if any (Month/Day/Y	Code	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			e and Am rities Und ative Secu 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v			Date Exercisab		Expiration Date	or Nu		Amount or Number of Shares		(Instr. 4)	ion(s)	1(9)		
Deferred Stock Units	(4)	02/28/2017		М	М		2,731	(5)		(5) Commo			2,731	\$0 17,19		96	D		
Deferred Stock Units	(4)	02/28/2017		М			3,641	(5)		(5)		mmon tock	3,641	\$0	13,55	55	D		

Explanation of Responses:

- 1. Performance Award shares earned December 31, 2013 and vested quarterly in 2014. The option to defer as "Deferred Stock Units" until February 2017 was elected June 11, 2013.
- 2. Performance Award shares earned December 31, 2013 and vested December 31, 2013. The option to defer as "Deferred Stock Units" until February 2017 was elected on June 11, 2013.
- 3. Represents a portion of the deferred stock units that was delivered by the reporting person as payment of income tax liability in connection with the expiration of the deferral.
- 4. Represents Deferred Stock Units which the reporting person elected to receive in lieu of common stock upon the vesting of Restricted Stock Units. Each Deferred Stock Unit represents a right to receive one share of common stock. If the participant previously elected, dividends will also be converted into Deferred Stock Units.
- 5. The Deferred Stock Units became payable February, 2017.

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

** Signature of Reporting Person Date

04/17/2017

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.