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

| Name and Address of Reporting Person* Bernfield Craig M | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | | | all applicab | , | | s) to Issuer 10% Ov Other (s | wner | |
|--|---------|------------------|-------------|--|---------|--|---------|--|---------------|---|--|-------------------------------------|--|---|---|----------------|--|--|----------|
| (Last) (First) (Middle) 303 INTERNATIONAL CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017 | | | | | | | | | below) | | | below) | poony |
| SUITE 200 | | | | | 4. If A | 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 | 21 | 030 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person |
| (City) | (State) | (Zi _l | 0) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Noı | n-Deri | vativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or I | Benefi | cially Ow | /ned | | | | |
| Date | | | | | | 2A. Deemo Execution if any (Month/Da | Date, | Transaction Disposed Code (Instr. | | ties Acquired (A) or I Of (D) (Instr. 3, 4 a | | | 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 | (Instr. 3 and 4) | | | | (111301.4) | | | | |
| Common Stock 06/08 | | | | | | 2017 A 4,803 ⁽¹⁾ A | | \$31.23 | 866,008 | | | D | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | | | I. Fransaction Code (Instr. 3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Explanation of Resp | | | | C | Code | v | (A) | (D) Date Expiration Date Title | | | | Amount or Number of Shares | (Instr. 4) | | on(s) | | | | |

nation of Responses:

1. Represents annual grant of restricted stock subject to time-based vesting.

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

** Signature of Reporting Person Date

06/09/2017

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.