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*     BOBINS NORMAN					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										ationship of R all applicab Director Officer (g	le)	g Person(s) to Issue 10% C Other		
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017									below)			below)	
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street)														^	Form file	d by More	than O	ne Reportin	g Person
HUNT VALLE	Y MD	21	030																
(City)	(State)	(Zi <sub>l</sub>	p)																
		Та	ble I - Noı	n-Deri	vativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or I	Benefi	cially Ow	/ned				
Date				nnsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(Instr. 4)
Common Stock 06/08					8/201	7			Α		6,404 <sup>(1)</sup> A		\$31.23	54,948			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Conversion Date Execution Date Execution Date, of Derivative Security 3A. Deemed Execution Date, if any (Month/Day/Year)			· (	4. Transaction Code (Instr. 8)		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)		7. Title and Amor Securities Under Derivative Securi (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 Res				C	Code	v	(A)	(D)	Date Exercisa		Expiration Date	or Nu		Amount or Number of Shares	(Instr. 4)		nilə)		

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.

- $^{\star}$  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.