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 * HILL BARBARA B					2. Issuer Name and Ticker or Trading Symbol  OMEGA HEALTHCARE INVESTORS INC [ OHI ]										tionship of R all applicab Director	le)	Person(s	10% Ov	
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017										Officer (give title below)		Other (spe below)		specify
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)							- I	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street)	Y MD	21	030												Form file	d by More	than Oi	ne Reportin	g Person
(City)	(State)	(Zi	p)																
		Та	ble I - Noı	n-Der	ivativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or l	Benefi	cially Ow	ned				
Date				nth/Day/Year) if any		Execution Date,				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		estr. 3 and 4)			(111501.4)		
Common Stock 06/				06/0	6/08/2017				Α		6,404(1)		Α	\$31.23	24,722		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/	ate,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		te Sec ear) Der		tle and Ai urities Un vative Se tr. 3 and 4	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date Ti		,	Amount or Number of Shares		(Instr. 4)	on(s)		

## **Explanation 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

<u>-Fact</u> <u>06/09/2017</u>

Date

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.