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* PLAVIN STEPHEN D (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC OHI										ionship of Reporting P all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Ow Other (s below)		
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017										bolowy			below)	
SUITE 200				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)														"	Form file	d by More	than O	ne Reportin	g Person
HUNT VALLEY	MD	21	030																
(City)	(State)	(Zip	p)																
		Та	ble I - Noı	n-Deri	vativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or l	Benefi	cially Ow	/ned				
Date				nsaction 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 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)				(111341.4)
Common Stock 06/08					8/201	7			Α		4,803 ⁽¹⁾ A		\$31.23	81,0	81,077		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Title of Conversion or Exercise Price of Derivative Security (Sec			· (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)		te	7. Title and Amo Securities Unde 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 Respon	Code V (A) (D) Date Expiration Date Title						Amount or Number of Shares	(Instr		oii(s)									

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.