FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burder | ı | | | | | | | |
| 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

| | | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [| | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|-------|---|--------------|--|---|---|---------------|--------|--|-----------|--------------------|---|---|--|---|--|---|--|
| KORMAN BERNARD J | | | | | | | | | | | | | | | Director | | | 10% O | wner | |
| 4 0 | /F: N | (0.4) | | | - | ОНІ] | | | | | | | | | Officer (g | | | Other (| specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | below) | | | below) | | |
| 303 INTERNATIONAL CIRCLE | | | | | | 12/15/2017 | | | | | | | | | | | | | | |
| SUITE 200 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | | |
| HUNT VALLE | Y MD | 21 | 030 | | | | | | | | | | | | T OTTI III O | a by Moi | e triair c | ле пероп | ig i erson | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/D | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amount o Securities Beneficially Following Ro Transaction | Owned eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A) or (D) Prio | | Price | (Instr. 3 and 4) | | | | | | | | | |
| Common Stock 12/1 | | | | | 5/2017 | | | | G | ٧ | 7,000 | 7,000 D S | | \$28.2 | 896,895 | | D | | | |
| Common Stock 12 | | | | 12/22 | 2/2017 | | | | Р | | 100,000 |) / | Α | \$26.89 | 996,895 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 1,000 | | | 1 1 | Wife Ownership | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securiti Benefic Owned Followin Reporte Transac | ve Owners es Form: ally Direct (or Indin g (I) (Insti | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Evaluation of De | | | | | Code V | | (A) | (D) | Date Exerc | isable | Expiration Date | or Nu | | Amount or Number of Shares | (Instr. 4 | |) '' | | | |

Explanation of Responses:

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

12/26/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).