FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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* INSOFT STEVEN J					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								tionship of R all applicabl Director Officer (gi	e)	Person(s	s) to Issuer 10% Ow Other (s	· I
(Last) 303 INTERN	(Fire	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2018							X	below) below Chief Corp Development Off			below) nent Offic	er
SUITE 200				4	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 21030													Form filed	d by More	than Oi	ne Reportin	g Person
(City)	(Sta	te)	(Zip)														
		•	Table I - Nor	n-Deriva	tive S	Securiti	es Acq	uired, l	Disp	osed of	, or Benefi	cially Ow	ned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ies Acquired (A Of (D) (Instr. 3		5. Amount Securities Beneficially Following F	/ Owned Reported	Form:	nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock				01/10/2	0/2018		М		24,914	1 ⁽¹⁾ A	\$27.54	348,990			D		
Common Stock 0°				01/10/2	2018					8,270	(2) D	\$27.54	340,720			D	
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)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr. r)		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 A Securities Un Derivative Se 3 and 4)	derlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)		(s)	
Restricted Stock Units	(3)	01/01/2018		А		22,672		(3)		(3)	Common Stock	22,672	\$27.54	84,41	15	D	
Restricted Stock Units	(4)	01/10/2018		М			24,914	(4)		(4)	Common Stock	24,914	\$0	59,501		D	

- 1. Represents the vesting of Restricted Stock Units subject to three-year cliff vesting granted in 2015.
- 2. Represents a portion of restricted stock that vested on December 31, 2017 and was delivered by the reporting person as payment of income tax liability in connection with such vesting.
- 3. Represents grant of Restricted Stock Units subject to three-year cliff vesting on December 31, 2020 and subject to continued employment on the vesting date and certain exceptions for qualifying termination of employment.
- 4. Restricted Stock Units granted in 2015 subject to three-year cliff vesting on December 31, 2017, subject to continued employment on the vesting date.

/s/ Thomas H. Peterson, 01/12/2018 Attorney-in-Fact

** Signature of Reporting Person Date

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.