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*  Anand Kapila K					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										ationship of F all applicab Director	le)	erson(s	10% Ov	
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018									Officer (give title below)		Other (spelow)		pecify
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) HUNT VALLE	Y MD	21	030												Form file	d by More	than Or	ne Reportin	g Person
(City)	(State)	(Zi	p)																
		Та	ble I - Noı	n-Deri	vativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or	Benefi	cially Ov	/ned				
Date				insaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr. 8)  4. Securit 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	(Inctr 2 and 1)				(11541.4)
Common Stock 06/08				8/201	8			Α	4,941 <sup>(1)</sup> A		\$30.36	4,9	4,941		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)	3. Transaction Date (Month/Day/Year)	Execution D		i. Transac Code (In		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		te Securi ear) Deriva		itle and A urities Un vative Se tr. 3 and 4	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Res	Code V (A) (D) Date Expiration Date Title						•	Amount or Number of Shares	(Instr.										

1. Represents annual grant of restricted stock subject to time-based vesting.

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

06/11/2018 Date

\*\* Signature of Reporting Person

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.