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

Name and Address of Reporting Person*      CALLEN CRAIG R					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
													Officer (g	ive title		10% Ow Other (s		
					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018								below)	ive due		below)	pechy	
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) HUNT VALLEY MD 21030													Form file	d by More t	han O	ne Reportin	g Person	
(City)	(State	) (Z	lip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				2. Transacti Date (Month/Day/	/Day/Year) Exec		A. Deemed execution Date, any Month/Day/Year)		Transaction Dispose Code (Instr.		ities Acquired ( d Of (D) (Instr. 3				Form:	nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount (A) or (D)		Price	(Instr. 3 and				(Instr. 4)		
	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/Ye	Code (I	Transaction Code (Instr.		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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	,,,(3)			
Deferred Stock Units	(1)	01/02/2018		А		319		(2)		(3)	Common Stock	319	\$27.43	29,237	7	D		
Deferred Stock Units	(1)	06/08/2018		А		6,917		(2)		(3)	Common Stock	6,917	\$30.36	37,600 <sup>(</sup>	(4)	D		

## **Explanation of Responses:**

- 1. Represents annual grant of restricted stock, elected to be taken as Deferred Stock Units, to the reporting person. The restricted units are subject to time based vesting and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units.
- 2. These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.
- 3. These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.
- 4. Balance includes Deferred Stock Units accumulated through dividend reinvestment, not previously reported.

/s/ Thomas H. Peterson. Attorney-in-Fact 06/12/2018

\*\* Signature of Reporting Person 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.