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

Name and Address of Reporting Person*     Ritz Michael					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]										ionship of Reporting all applicable) Director Officer (give title		10% Ow Other (s		· I
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2018									below) below)  Chief Accounting Officer				
SUITE 3500					4. If A	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)	Y MD	21	030												Form file	d by More	than O	ne Reportin	g Person
(City)	(State)	(Zi <sub>l</sub>	p)																
		Та	ble I - Nor	ո-Deri	vativ	e Se	curitie	s Acqı	uired, l	Disp	osed of,	or E	3enefi	cially Ov	/ned				
Date					ansaction th/Day/Year)		2A. Deeme Execution if any (Month/Da	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				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				(111541.4)
Common Stock 11/1					9/201	8			S		2,000 <sup>(1)</sup> D		\$35.5	8,0	8,076		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 Date Execution Date (Month/Day/Year) Frice of Derivative Security  3. Transaction Date Execution Date if any (Month/Day/Year)			ate, 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)		te	7. Title and Am Securities Und Derivative Sec (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 Res					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares	(Instr.		on(s)		

1. The sales reported in this Form 4 were effected pursuant to a rule 10b5-1 trading plan adopted by the reporting person on September 28, 2018.

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

\*\* Signature of Reporting Person Date

11/20/2018

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.