SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL
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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 Add Ritz Micha	•	orting Person *		2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]							Reporting F ble) give title	Person((s) to Issuer 10% Ov Other (s	vner	
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 01/18/2019							ief Acco	unting	below)	,poon j
SUITE 200			4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) HUNT VALL	EY MD	2	21030								Form file	ed by More	than O	ne Reportin	ig Person
(City)	(State	e) (.	Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			2. Transaction Date (Month/Day/Year)	Execution Date,			3. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a) Code (Instr. 8) 8)							7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Amount	(A) o (D)	r Price		(Instr. 3 and 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.	Derivative	6. Date Ex Expiration (Month/Da	n Date		7. Title and Securities L Derivative S 3 and 4)	nderlying	8. Price of Derivative r. Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Restricted Stock Units	(1)	01/18/2019		Α		13,250		(2)	(2)	Common Stock	13,250	\$ <mark>0</mark>	27,330	D	
Profit Interest Units	(3)(4)	01/18/2019		A		12,892		(2)	(2)	Common Stock	12,892	\$ <mark>0</mark>	19,771	D	
Explanation of Responses:															

Explanation of Responses:

1. Represents Performance Restricted Stock Units earned (but not yet vested) based on Total Shareholder Return against a peer group for the 2016-2018 performance period, as certified by the Compensation Committee on January 18, 2019.

2. 25% of the units earned based on performance for the 2016-2018 performance period vest at the end of each calendar quarter of 2019, subject to continued employment and accelerated vesting in certain events.

3. Represents Profits Interest Units ("Profits Units") in OHI Healthcare Properties Limited Partnership (the "Operating Partnership"), of which the Issuer is the general partner. Each Profits Unit represents a contingent right to receive one unit of limited partnership interest (an "OP Unit") in the Operating Partnership upon vesting and the satisfaction of certain tax-driven economic requirements. Each OP Unit is redeemable at the election of the holder for cash equal to the then fair market value of one share of Issuer common stock, or at the Issuer's election, one share of Issuer common stock, subject to adjustment as set forth in the partnership agreement.

4. Profits Units earned (but not yet vested) based on Total Shareholder Return for the 2016-2018 performance period, as certified by the Compensation Committee on January 18, 2019.

/s/ Thomas H. Peterson,	01/23/2019
Attorney-in-Fact	01/23/2019
** 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.