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*     BOBINS NORMAN					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC									(Check	Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>BODINO NOT IMPAN</u>					OHI]									-   X	Director			10% Ov		
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/07/2019									Officer (give title below)		Other (sp below)		pecify	
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)														Form file	d by More	than Or	ne Reportin	g Person		
HUNT VALLE	Y MD	21	030																	
(City)	(State)	(Zi	p)																	
		Та	ble I - No	n-Der	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	, or l	Benefi	cially Ow	ned					
Date							2A. Deemed Execution Date, if any (Month/Day/Year)		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 4)				(111341.4)	
Common Stock 06/0					7/201	9			Α		5,517 <sup>(1)</sup> A		\$36.25	67,0	67,053		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)	erivative Conversion Date Execution Date,			ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		te	nd 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Endowing 68	Code		Code	v	(A)	(D)	Date Expiration Exercisable Date Title		Amount or Number of Shares	(Instr. 4)		Cii(a)								

## Explanation of Responses:

1. Represents annual grant of Restricted Stock subject to time-based vesting.

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

06/11/2019

\*\* 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.