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

1. Name and Ad STEPHEN (Last) 303 INTERN SUITE 200 (Street) HUNT VALL		2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ] 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2019 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check	Chief Financial Officer  6. Individual or Joint/Group Filing (Check Applicable Line)							
(City)	(State	e) (2	Zip)															
		T	able I - No	n-Deriv	ative S	ecuriti	es Acq	uired, l	Disp	osed of	, or Be	nefici	ally Ow	ned				
Da				2. Transa Date (Month/D		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 at			nd 5) Securities Beneficial Following		y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									v	Amount (A)		or P	rice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 10					1/2019		М		9,275 <sup>(1)</sup> A		\$41.79	219,405		D				
Common Stock 10				10/01	01/2019		F		4,470 <sup>(2)</sup> D \$		\$41.79	214,935		D				
			Table II - I							sed of, c				ed				
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/Year	Cod	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		and 7. Title and Amou Securities Underly Derivative Securit 3 and 4)		lying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisa		Expiration Date	Title	0	Amount or lumber of Shares		Transactio (Instr. 4)	on(s)		
Restricted Stock Units	(1)	10/01/2019		N	1		9,275	(1)		(1)	Comm		9,275	\$0	48,710		D	
Profit Interest Units	(3)(4)	10/01/2019		N	1		9,024	(4)		(4)	OP Ur	nits	9,024	\$0	26,147	,	D	
OP Units	(5)	10/01/2019		N	1	9,024		(5)		(5)	Comm		9,024	\$0	27,072	2	D	

## **Explanation of Responses:**

- 1. Represents Restricted Stock Units (RSUs) granted 1/1/2016 that vested on 10/01/2019 and were converted to common stock on a one-for-one basis.
- 2. Represents the portion of Restricted Stock Units (RSUs) surrendered by the reporting person as payment of income tax liability in connection with the vesting of the RSUs.
- 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.
- 4. 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
- 5. 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. the OP Units have no expiration date.

/s/ Thomas H. Peterson, 10/03/2019 Attorney-in-Fact 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.

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