FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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

1. Name and Address of Reporting Person* LOWENTHAL EDWARD (Last) (First) (Middle) 9690 DEERECO ROAD SUITE 100 (Street) TIMONIUM MD 21093						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2008 4. If Amendment, Date of Original Filed (Month/Day/Year)								[(Check	Officer (give title Other (specify below) dividual or Joint/Group Filing (Check Applicable Line)				pecify
(City)	(State)	(Zi _l	p)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Execution/Day/Year) if any		Execution if any	A. Deemed xecution Date, any fonth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Beneficiall Following		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	Transaction(s) (Instr. 3 and 4)				(instr. 4)	
Common Stock 01/				01/0	7/2008				Α		1,500(1)		Α	\$15.04	35,278			D	
Common Stock														1,400			1	Shares held directly by spouse	
	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 Da		ate, Transaction Code (Instr.					6. Date Exercis Expiration Date (Month/Day/Yea		e Securities Underly		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e los listing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Explanation of Re					Code V		(A)	(D)	Date Exercisable		Expiration Date	O N		Amount or Number of Shares		(Instr. 4)			

Remarks:

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

** Signature of Reporting Person Date

01/08/2008

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{1.} Represents grant of restricted stock to the reporting person vesting over time.

 $^{^{\}star}$ 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).