Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HE Form 4 August 20, 2	EALTHCARE	INVESTO	RS INC								
e									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check this box				ANGES IN BENEFICIAL OWNERSHI SECURITIES					Expires: Estimated a	•	
Form 4 o Form 5 obligation may cont	Form 4 orresponse0.Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.See Instruction30(h) of the Investment Company Act of 1940								's per 0.5		
(Print or Type I	Responses)										
BOBINS NORMAN S			Symbol OMEGA	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/				te of Earliest Transaction th/Day/Year) 8/2015				X_ Director 10% Owner Officer (give title Other (specify below) below)			
Filed(Mor				nendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
HUNT VAL	LLEY, MD 21	030						Person		porting	
(City)	(State)	(Zip)	Table	I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	on Date, if (Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3,	spose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/18/2015			Code V A	Amount 339 <u>(1)</u>	(D) A	Price \$ 36.84	15,804	D		

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

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 control number.

 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting officer (and) reactions	Director	10% Owner	Officer	Other			
BOBINS NORMAN 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	Х						
Signatures							
/s/ Thomas H. Peterson, Attorney-in-Fact	08/20/2015						
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).
- (1) Grant of stock as payment of Director's Fees

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.