## Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HE Form 4 May 19, 2014	ALTHCARE IN <sup>v</sup> 4	VESTOR	S INC								
•									OMB A	PROVAL	
FORM 4 UNITED STATES SECURITIES AND Washington, D.C.									OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no longer subject to Section 16. Form 4 or						NERSHIP OF	Estimated a burden hou	rs per			
Form 5		mant to S	Section 16	b(a) of th	e Securiti	ies Er	xchano	e Act of 1934,	response	0.5	
obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 17(a)	) of the H		ility Hole	ling Com	ipany	Act of	f 1935 or Section	n		
(Print or Type R	esponses)										
Ritz Michael Symbol OME			Symbol OMEGA	suer Name <b>and</b> Ticker or Trading ol EGA HEALTHCARE ESTORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/				ate of Earliest Transaction nth/Day/Year) 16/2014				Director 10% Owner X Officer (give title Other (specify below) below) Chief Accounting Officer			
				Amendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
HUNT VAL	LEY, MD 21030								Iore than One Re		
(City)	(State)	Zip)	Table	e I - Non-I	Derivative S	Securi	ties Acc	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deer		3.					6. Ownership	-	
Security (Instr. 3)	(Month/Day/Year)	Execution any			(Instr. 3,	ispose	d of	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)		
~				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/16/2014			S	2,500 (1)	D	\$ 36.5	7,722	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. orfNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ritz Michael 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030			Chief Accounting Officer				
Signatures							
/s/ Thomas H. Peterson, Attorney-in-Fact		05/19/201	4				
**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) The sales reported in this Form 4 were effected pursuant to a rule 10b5-1 trading plan adopted by the reporting person on April 1, 2014.

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.