Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HEALT Form 4 May 28, 2014	THCARE INV	ESTORS 1	INC								
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed purse Section 17(a)	ENT OF C uant to Sec) of the Pul	Wash CHAN(ction 16 blic Uti	hington, GES IN I SECUR	D.C. 20 BENEFI ITIES e Securit ling Corr	549 [CIA ies E. ipany	L OWN xchange Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response		
(Print or Type Respon	nses)										
STEPHENSON ROBERT O Symbol OMEGA				uer Name and Ticker or Trading d GA HEALTHCARE CSTORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				ate of Earliest Transaction nth/Day/Year) 23/2014				Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer			
				nendment, Date Original onth/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 Person 			
(City) ((State) (Z	Zip)	Table	I - Non-D	erivative S	Securi	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
	ransaction Date onth/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3, 4	sposed	d of (D)	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 05/2 Stock	23/2014			S	2,500 (1)	D	\$ 36.75	159,971	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. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
STEPHENSON ROBERT O 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030			Chief Financial Officer				
Signatures							
/s/ Thomas H. Peterson, Attorney-in-Fact		05/28/201	.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 May 21, 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.