Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HEALTHCARE IN Form 4 June 04, 2014	VESTORS IN	2								
EODM A	STATES SEC	URITIES A	AND EX	СНА	NGE C	OMMISSION	OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O							Expires:	January 31, 2005		
subject to Section 16. SECURITIES Form 4 or							Estimated average burden hours per response 0.5			
obligations	suant to Sectio a) of the Public 30(h) of the	Utility Hol	ding Cor	npan	y Act of	1935 or Section				
(Print or Type Responses)										
Ritz Michael Symbol OMEG			uer Name and Ticker or Trading 1 GA HEALTHCARE (STORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (N 200 INTERNATIONAL CIRCLE, SUITE 3500	(Mon	e of Earliest T h/Day/Year) 5/2014	ransaction			Director X Officer (give below) Chief Ad		Owner er (specify cer		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
HUNT VALLEY, MD 21030						Person	ore than one ree	porting		
(City) (State)	(Zip) T	able I - Non-J	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		Code		ispose 4 and (A) or	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 06/03/2014 Stock		S	2,500 (1)	D	\$ 37.25	5,222	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,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	unt 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	
	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	06/04/2014			
**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.