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

#### OMEGA HEALTHCARE INVESTORS INC

Form 4 June 11, 2013

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading FRANKE THOMAS F Symbol **OMEGA HEALTHCARE INVESTORS INC [OHI]** 

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Middle) (Last) (First)

3. Date of Earliest Transaction (Month/Day/Year) 06/10/2013

\_X\_\_ Director 10% Owner Officer (give title \_ Other (specify

200 INTERNATIONAL CIRCLE, SUITE 3500

> (Street) 4. If Amendment, Date Original

> > Filed(Month/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 VALLEY, MD 21030** 

(City)	(State)	(Zip) Tabl	e I - Non-E	<b>Derivative</b>	Secui	rities Acq	uired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transactio	Γransaction(A) or Disposed of (D)			5. Amount of 6. Securities Ownershi Beneficially Form: Dir		7. Nature of Indirect
(Ilisti. 3)		any (Month/Day/Year)	(Instr. 8)	(msu. 3,	(A) or	3)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	06/10/2013		Code V A	Amount 3,000 (1)	(D)	Price \$ 31.55	59,705	D	
Common Stock							47,141	I	Owned By Family

Family Limited Liability Company Of Which The Reporting Person Is A

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Member.

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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Owner Follo Repo Trans (Instr

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
FRANKE THOMAS F 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	X					

### **Signatures**

/s/ Thomas H. Peterson, Attorney-in-Fact 06/11/2013

\*\*Signature of Reporting Person

## **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).

Date

(1) Represents grant of restricted stock to the reporting person vesting over time.

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.

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