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

Form 4 August 22, 2013 <b>FORM 4</b> Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	<b>STATEMENT O</b> Filed pursuant to S Section 17(a) of the I 30(h)	S INC SECURITIES AND EXCHANGE C Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 194	OMMISSIONOMB Number:NERSHIP OFExpires: Estimated burden hor responsee Act of 1934, 1935 or Section	urs per		
(Print or Type Respon	ises)					
1. Name and Address PLAVIN STEPH	s of Reporting Person <u>*</u> IEN D	2. Issuer Name <b>and</b> Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]	5. Relationship of Reporting Per Issuer (Check all applicabl			
200 INTERNAT	(Last)(First)(Middle)3. Date of Earliest Transaction (Month/Day/Year)200 INTERNATIONAL08/21/2013CIRCLE, SUITE 350008/21/2013			X_ Director 10% Owner Officer (give title Other (specify below) below)		
(S HUNT VALLEY	Street) 7, MD 21030	4. If Amendment, Date Original Filed(Month/Day/Year)	Applicable Line) _X_Form filed by One Reporting P			
(City) (S	State) (Zip)	Table I - Non-Derivative Securities Acq		llv Owned		
Security (Mor (Instr. 3)	ransaction Date 2A. Deen nth/Day/Year) Execution any (Month/I	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)	· • ·	7. Nature of		
Common 08/2 Stock	21/2013	A $431 \frac{(1)}{1}$ A $\frac{$}{28.98}$	61,729 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	3. Transaction Date (Month/Day/Year)		4. Transacti Code (Instr. 8)	5. onNumber of Derivative	6. Date Exer Expiration D (Month/Day/	ate	Amou	le and unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene
(11547.0)	Derivative Security		(110111124)(1011)	(11041-0)	Securities Acquired				. 3 and 4)	(11547.0)	Owne Follo
					(A) or Disposed of (D)						Repo Trans (Instr
					(Instr. 3, 4, and 5)						(IIISU
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Toporting of the round ( round)	Director	10% Owner	Officer	Othe		
PLAVIN STEPHEN D 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	Х					
Signatures						
/s/ Thomas H. Peterson, Attorney-in-Fact		08/22/201	3			
**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 for payment of Director's quarterly compensation.

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.