Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 5

OMEGA HEALTHCARE INVESTORS INC Form 5 February 13, 2017

cordary 15, 2017					
FORM 5				OMB AP	PROVAL
Check this box if no longer subject	UNITED STATES	S SECURITIES AND EXCHANGE (Washington, D.C. 20549	OMB Number: Expires:	3235-0362 January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported Form 4 Transactions Reported	Estimated av burden hours response	0			
I. Name and Address LOWENTHAL E	of Reporting Person <u>*</u> DWARD	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]	5. Relationship of I Issuer (Check	Reporting Perso all applicable)	
(Last) (F	irst) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016	X Director Officer (give the below)		Owner (specify
200 INTERNATI CIRCLE, SUIT					
(S	treet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	nt/Group Repo applicable line)	rting
HUNT VALLEY	, MD 21030		_X_ Form Filed by O Form Filed by M Person		

(City)	(State)	(Zip) Tabl	le I - Non-Der	ivative Se	curiti	es Acquir	ed, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi (A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/17/2015	Â	P4	79 <u>(1)</u>	A	\$ 32.58	45,141	D	Â
Common Stock	02/17/2016	Â	P4	90 <u>(1)</u>	А	\$ 29.62	45,231	D	Â
Common Stock	05/17/2016	Â	P4	31 <u>(1)</u>	А	\$ 32.39	45,262	D	Â
Common	08/16/2016	Â	P4	28 (1)	А	\$	45,290	D	Â

Stock

36.86

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. O B O E I S F I S (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LOWENTHAL EDWARD 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	ÂX	Â	Â	Â		
Signatures						
/s/ Thomas H. Peterson, Attorney-in-Fact		02/13/201	7			

<u>**</u>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) Previously unreported share purchases via Omega Healthcare's Dividend Reinvestment and Common Stock Purchase Plan (the "Plan"). The Plan provides for the purchase of fractional shares. The number reported is the nearest whole number.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

SEC 2270

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