Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HEALTHCARE INVESTORS INC Form 4 February 16, 2005 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **CRABILL R LEE** Issuer Symbol **OMEGA HEALTHCARE** (Check all applicable) **INVESTORS INC [OHI]** (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_Officer (give title Other (specify (Month/Day/Year) below) below) 14830 HUNTING WAY 02/14/2005 Senior Vice President (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting PHOENIX, MD 21131 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) anv Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial Ownership (Month/Day/Year) Owned (D) or (Instr. 8) Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common \$ 900 (1) 02/14/2005 S D 206,724 D Stock 11.24 Common 35,000 02/14/2005 S D \$11.2 171,724 D (1) Stock Common 9.100 S D 02/14/2005 162,624 D 11.23 Stock (1) Common 2,300 D 02/14/2005 S 160,324 D Stock (1) 11.25 Common 12,700 02/15/2005 S D \$11.3 147,624 D (1) Stock

Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

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)

f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
e Conversion	(Month/Day/Year)	Execution Date, if	Transact	orNumber	Expiration D	ate	Amount of	Derivative	Deriv
or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secu
Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
Derivative				Securities	3		(Instr. 3 and	l 4)	Owne
Security				Acquired					Follo
				(A) or					Repo
				Disposed					Trans
				of (D)					(Instr
				(Instr. 3,					
				4, and 5)					
							Amo	unt	
								um	
						Expiration		bar	
						Date		UCI	
			Code V	(Δ) (D)				20	
	e Conversion or Exercise Price of Derivative	ve Conversion (Month/Day/Year) or Exercise Price of Derivative	re Conversion (Month/Day/Year) Execution Date, if or Exercise any Price of (Month/Day/Year) Derivative	re Conversion (Month/Day/Year) Execution Date, if Transacti or Exercise any Code Price of (Month/Day/Year) (Instr. 8) Derivative Security	re Conversion (Month/Day/Year) Execution Date, if TransactionNumber or Exercise any Code of Price of (Month/Day/Year) (Instr. 8) Derivative Derivative Security Acquired (A) or Disposed of (D) (Instr. 3,	re Conversion (Month/Day/Year) Execution Date, if or Exercise Price of (Month/Day/Year) (Month/Day/Year) Code of (Month/Day/ Derivative Security Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Exercisable	re Conversion (Month/Day/Year) Execution Date, if or Exercise Price of (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Security Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Exercisable Date	re Conversion or Exercise Price of Derivative Security (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) (Instr. 3, 4, and 5) Action Date Expiration Date for the form of the for	re Conversion or Exercise price of Derivative Security (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Instruction Date (A) or Disposed of (D) (Instr. 3, 4, and 5) The securities of (D) (Instr. 3, 4, and 5) The securities (Code (C

Reporting Owners

Reporting Owner Name / Address		ŀ		
	Director	10% Owner	Officer	Other
CRABILL R LEE 14830 HUNTING WAY PHOENIX, MD 21131			Senior Vice President	
Signatures				
Thomas Peterson, Attorney-in-Fact		02/16/2005		
<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).

The reporting person disposed of these shares through open market transactions upon the vesting of stock options previously awarded to him under the Omega Healthcare Investors, Inc. 2000 Stock Incentive Plan. The primary purpose of the disposition was to enable the

(1) Infinite and the onlega relative investors, inc. 2000 stock incentive relative r

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.