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

OMEGA HEALTHCARE INVESTOR Form 4 July 10, 2006	RS INC	
FORM 4 UNITED STATES	OMB APPROVAL COMMISSION OMB Number: 3235-0287	
Section 16. Form 4 or Form 5 obligations may continue Fort 16. Filed pursuant to S Section 17(a) of the 1	F CHANGES IN BENEFICIAL OW SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 194	Estimated average burden hours per response 0.5 ge Act of 1934, f 1935 or Section
(Print or Type Responses)		
1. Name and Address of Reporting Person <u>*</u> PICKETT C TAYLOR	2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last) (First) (Middle) 9690 DEERECO ROAD, SUITE 100	3. Date of Earliest Transaction (Month/Day/Year) 07/07/2006	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Chief Executive Officer
(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
TIMONIUM, MD 21093		Form filed by More than One Reporting Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Acc	quired, Disposed of, or Beneficially Owned
(Instr. 3) any (Month/	on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) or Indirect (I)Beneficial BeneficialOwned Following Transaction(s) (Instr. 3 and 4)(Instr. 4)
Common 07/07/2006 Stock	$G_{\underline{(1)}}  V  2,000  D  \underbrace{\$ \ 0}_{\underline{(2)}}$	601,428 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
PICKETT C TAYLOR 9690 DEERECO ROAD SUITE 100 TIMONIUM, MD 21093	Х		Chief Executive Officer			
Signatures						
Thomas Peterson, Attorney-In-Fact		07/10/2006				
<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) Bona fide gift of shares voluntarily reported.
- (2) No consideration received.

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.