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

OMEGA HE Form 4 May 17, 200	ALTHCARE INVESTO	RS INC									
FORM	14							OMB AF	PROVAL		
-	UNITED STATE		ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o	6.							burden hou	imated average den hours per		
Form 5 obligation may cont See Instru 1(b).	Filed pursuant to sinue. Section 17(a) of the		lity Hold	ling Com	npang	y Act of	1935 or Section	response	0.5		
(Print or Type F	Responses)										
KORMAN BERNARD J Symbol OMEGA			er Name <b>and</b> Ticker or Trading A HEALTHCARE TORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D 9690 DEERECO ROAD, SUITE 100 05/15/20			Day/Year)				X Director Officer (give below)	Officer (give title Other (specify			
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
TIMONIUM	1, MD 21093						Form filed by M Person				
(City)	(State) (Zip)	Table	I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any	on Date, if 'Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3, 4	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
OHI Common Stock	05/15/2007		Code V A	Amount 377 <u>(1)</u>	(D) A	Price \$ 16.56	556,798	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. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and unt of rlying ities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KORMAN BERNARD J 9690 DEERECO ROAD SUITE 100 TIMONIUM, MD 21093	Х						
Signatures							
Thomas Peterson, Attorney-In-Fact		05/17/2007					
**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 fees.

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.