

Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HEALTHCARE INVESTORS INC
 Form 4
 December 10, 2001

 FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, D.C. 20549

// CHECK THIS BOX IF NO
 LONGER SUBJECT TO
 SECTION 16. FORM 4 OR
 FORM 5 OBLIGATIONS MAY
 CONTINUE. SEE
 INSTRUCTION 1(b).
 (Print or Type Responses)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
 Section 17(a) of the Public Utility Holding Company Act of 1935
 Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* 2. Issuer Name AND Ticker or Trading Symbol 6. R
 Explorer Holdings, L.P. Omega Healthcare Investors, Inc. (NYSE: OHI) --

(Last) (First) (Middle) 3. IRS or Social Security 4. Statement for --
 Number of Reporting Month/Year
 Person (Voluntary) November, 2001 --
 4200 Texas Commerce Tower West, 2200
 Ross Avenue

(Street) 5. If Amendment, 7.
 Date of Original X
 (Month/Year) ---
 Dallas Texas 75201 ---

(City) (State) (Zip) TABLE I - NON-DERIVATIVE SECURITIES ACQUIRED, DI

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amo Sec Ben Own End Mon (In and
		Code V	Amount (A) or (D) Price	
Common Stock	11/19/2001	P	63,450 A \$3.55	
Common Stock	11/20/2001	P	58,400 A \$3.71	
Common Stock	11/23/2001	P	50,700 A \$3.94	
Common Stock	11/24/2001	P	152,100 A \$3.99	
Common Stock	11/25/2001	P	3,900 A \$3.98	
Common Stock	11/26/2001	P	17,300 A \$3.99	
Common Stock	11/27/2001	P	208,000 A \$4.12	553

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly

Page 1 of 2 pages

FORM 4 (CONTINUED)

TABLE II - DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIA-
(E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

1. Title of Derivative Security (Instr. 3)	2. Conver- sion or Exercise Price of Deriv- ative Security	3. Trans- action Date (Month/ Day/ Year)	4. Transac- tion Code (Instr. 8)	5. Number of Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4, and 5)		
			Code	V	(A)	(D)

7. Title and Amount of Under- lying Securities (Instr. 3 and 4)	8. Price of Deriv- ative Secur- ity (Instr.	9. Number of Deriv- ative Securi- ties Bene- ficially	10. Owner- ship Form of De- rivative Secu- rity:	11. Nature of In- direct Bene- ficial Own- ership

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Title	Amount or Number of Shares	5)	Owned at End of Month (Instr. 4)	Direct (D) or Indi- rect (I) (Instr. 4)	(Instr. 4)

Explanation of Responses:

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

----- /s/ Donal
 Donal
 Autho

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, SEE Instruction 6 for procedure.