
OMB APPROVAL

OMB Number Expires:

Estimated average burden hours per response 1.0

._____

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 5

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Section 17(a) of the		ities Exchange Act of 1934, ng Company Act of 1935 or ompany Act of 1940	
[_] Check box if no longer may continue. See Instr		16. Form 4 or Form 5 obligation	ıs
[_] Form 3 Holdings Reporte	d		
[_] Form 4 Transactions Rep	orted		
1. Name and Address of Rep	orting Person*		_
Kovach	Susan	Α.	
(Last)	(First)	(Middle)	
900 Victors Way, Suite 350			
	(Street)		
Ann Arbor	MI	48108	
(City)	(State)	(Zip)	
2. Issuer Name and Ticker	or Trading Symbol		_
Dmega Healthcare Investors,	Inc. (OHI)		
3. IRS Identification Numb	er of Reporting Pers	on, if an Entity (Voluntary)	_
1. Statement for Month/Yea	r		_
12/99			
5. If Amendment, Date of O	riginal (Month/Year)		_
 Relationship of Reporti (Check all applicable) 	ng Person to Issuer		_
[] Director [x] Officer (give titl		_] 10% Owner _] Other (specify below)	
7. Individual or Joint/Gro (Check applicable line)			_
<pre>[x] Form filed by one [_] Form filed by more</pre>	Reporting Person than one Reporting	Person	
Jice President, Secretary, a	nd General Counsel		

<caption></caption>			3.	4.			5. 6 Amount of	
)wner-				Securities Acc Disposed of (A) or	Securities Beneficially	shi
Form: 7.	_			(Instr. 3, 4		Owned at End		
oirect Nature or Indirect	of	2.					of Issuer's	(D)
ndirect Benefic		Transaction	Transaction		(A)		Fiscal Year	
itle of Security Ownership (Instr. 3) (Instr.4) (Instr		Date (mm/dd/yy)	Code (Instr. 8)	Amount	or (D)	Price	(Instr. 3 and 4)	(I)
(S) (C)		<c></c>	<c></c>	<c></c>	<c></c>	<c></c>	<c></c>	<c></c>
ommon		11/15/99		51.947			1,342.996	 D
	ed through Divider							
:======== :===========================				========			========	
/TABLE> If the form 4(b)(v).	is filed by more	than one Report.	ing Person,	see Instructi	on			
deminder: Report	t on a separate li	ine for each class	s of securiti	es beneficial	ly			
				(Ove	r)			
(Form 5-07/98)								
ORM 5 (continued	d)							
	vative Securities puts, calls, warra			_				
TABLE>			=======	=========	==			
0.							9.	
wner-							Numb	er
hip							of 	
	2.						Deri	Λ-
of							ativ	

5.

Conver-

Deriv- 11.

7.

ative

		aion			Number of				mi+lo and	Secur-		
ative	Nature	sion			Number of				Title and Amount			
Secur-	of	or			Deriva	ative	6.		of Underl	ying	8.	ities
ity:	Exer					Securities			Securitie	es	Price	Bene-
_		cise	3.		Acqui	red (A)	Exercisa	ble and	(Instr. 3	and 4)	of	ficially
Direct	direct	Price	Trans-	4.	or Dis	sposed	Expirati	on Date			Deriv-	Owned
1. In- Title of	Bene-	of	action	Trans-	of (D)		(Month/D	ay/Year)		Amount	ative	at End
		Deriv-	Date	action	(Insti	c. 3,				or	Secur-	of
	Owner-	ative	(Month/	Code	4 and	5)	Date	Expira-		Number	ity	Year
(I) Security	ship	Secur-	Day/	(Instr.			Exer-	tion		of	(Instr.	(Instr.
_	(Instr.	ity	Year)	8)	(A)	(D)	cisable	Date	Title	Shares	5)	4)
4)		_				, ,						ŕ
			<c></c>	<c></c>	<c></c>		<c></c>	<c></c>	<c></c>	<c></c>	<c></c>	<c></c>
Option			12/30/99	D*		2,744	*	*	Common	2,744		0
D (Right t	_											
		-							Common			0
(Right t	o Buy) 											
Option D			12/30/99	D*		14,188	*	*	Common	14,188		0
(Right t												
Option			12/30/99	D*		3,312	*	*	Common	3,312		0
D (Right t	_											
Options (Right t	o Buy											
======			=======	======	=====		======	======	=======	======	======	========

</TABLE>

Explanation of Responses:

* In exchange for a payment of \$3,325.00, representing \$.07 per option share as to the \$34.2658 and \$33.5605 grants and \$.11 per option share for the \$30.1875 grant, the expiration date of outstanding options was accelerated to December 2, 1999.

/s/ Susan A. Kovach

1/28/00

**Signature of Reporting Person

Date

 ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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