

OMB APPROVAL

OMB Number
Expires:
Estimated average burden
hours per response 0.5

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

FORM 4

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 or
Section 30(f) of the Investment Company Act of 1940

☐ Check box if no longer subject of Section 16. Form 4 or Form 5 obligations
may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

Greer Henry H.
(Last) (First) (Middle)

900 Victors Way, Suite 350

(Street)

Ann Arbor MI 48108
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Omega Healthcare Investors, Inc. (OHI)

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Statement for Month/Year

January, 2000

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person to Issuer
(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)

7. Individual or Joint/Group Filing (Check applicable line)

☒ Form filed by one Reporting Person ☐ Form filed by more than one
Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of,
or Beneficially Owned

<TABLE>
<CAPTION>

Owner-

4.

5.

6.

Securities Acquired (A) or

Amount of

ship

Form: 7.		3.	Disposed of (D)				Securities		
Direct	Nature of	Transaction	(Instr. 3, 4 and 5)				Beneficially		
		2.	Code	-----				Owned at End	(D)
or Indirect		Transaction	(Instr. 8)	(A)				of Month	
1.	Indirect Beneficial	Date	-----	Amount	or	Price	(Instr. 3	(I)	
Title of Security	Ownership	(mm/dd/yy)	Code	V	(D)		and 4)		
(Instr. 3)	(Instr. 4)								
(Instr. 4)	(Instr. 4)								

<S>		<C>	<C>	<C>	<C>	<C>	<C>	<C>	
<C>									
Common Stock		01/20/2000	A*	V	300	A	\$9.9375	900 D	

