FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

													_						
1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KLOOSTERMAN HAROLD J						OHI]								Director		10% Owner			
(Last)	(First)) (1	Middle)	⊢	3. Date of Earliest Transaction (Month/Day/Year)								1	Officer (g below)			Other (s below)	specify	
200 INTERNATIONAL CIRCLE						06/10/2013													
SUITE 3500					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														Form filed by One Reporting Person Form filed by More than One Reporting Person					
HUNT VALL	ALLLEY MD 21030													i omi me	Dy Wole	liiaii O	пе керопп	g r eisoii	
(City)	(State	e) (2	Zip)																
		T	able I - Nor	n-Derivat	tive S	ecuritie	s Acq	uired, C)isp	osed of	f, or Bene	ficia	ally Ow	ned					
Date				2. Transact Date (Month/Day		Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				nd 5) Securities Beneficial Following		/ Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									v	Amount	(A) or (D)	F	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock													2,558			1	Shares Held Directly By Spouse		
Common Stock											19,7	19,710		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution I Security (Instr. or Exercise (Month/Day/Year) if any			3A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun Securities Underlyi Derivative Security 3 and 4)		ying	ing Derivative		er of es s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	o N	mount r umber f Shares	Transact (Instr. 4)		Unit(s)			
Deferred Stock Units	(1)	06/10/2013		А		3,000(2)		(3)		(3)	Common Stock		3,000	\$31.55	27,78	1	D		

Explanation of Responses:

- 1. Deferred Stock Plan: These units represent the grant of stock or restricted stock to the reporting person vesting over time or upon other specified events and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units.
- 2. Represents grant of restricted stock, elected to be taken as Deferred Stock Units, to the reporting person. The restricted units are subject to time based vesting.
- 3. These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.

/s/ Thomas H. Peterson, Attorney-in-Fact

06/11/2013 ** Signature of Reporting Person Date

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

- * 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).

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

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 Number.