FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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* FRANKE THOMAS F						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								ationship of Reporting k all applicable) Director Officer (give title below)		Person(s) to Issuer 10% Owner Other (specify below)			
(Last) (First) (Middle) 200 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2014									below)			below)		
SUITE 3500						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)										Form filed by More than One Reporting Person									
HUNT VALLE	Y MD	21	030																
(City)	(State)	(Zi	p)																
		Та	ıble I - Noı	n-Deri	vative	Secur	ities Acq	uired,	Disp	osed of,	or B	Benefi	cially Ow	/ned					
			2. Transaction Date (Month/Day/Year)		Execu	eemed ition Date, h/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				Beneficially Ow Following Repo		6. Owner Form: D or Indire (Instr. 4	Direct (D) ect (I)	7. Nature of Indirect Beneficial Ownership		
								code V Amount			(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				06/13	06/13/2014			Α		3,000	O ⁽¹⁾ A \$		\$35.79	64,2	64,272		D		
Common Stock														47,1	,141		I	Owned By Family Limited Liability Company Of Which The Reporting Person Is A Member.	
	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)	Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date		ate, T	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis. Expiration Date (Month/Day/Yea		sable and te Securities Under Derivative Securi (Instr. 3 and 4)		mount of derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V	(A)	(D)	Date Exercis	able	Expiration Date	Title		or Number of Shares						

Explanation of Responses:

1. Represents grant of restricted stock subject to time-based vesting.

/s/ Thomas H. Peterson, 06/13/2014 Attorney-in-Fact

** Signature of Reporting Person

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

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.

^{*} 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).