SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 [*] PICKETT C TAYLOR						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								(Check X	tionship of F all applicab Director Officer (g	le)	10% Owner		
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE						3. Date of Earliest Transaction (Month/Day/Year) 02/20/2020								X	below)	ief Exec	utive	below)	specify
SUITE 200					4. lf A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 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 VALLEY MD 21030																			
(City)	(State)	(Zi	p)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)						Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Of (D) (Instr.			Acquired (A) or Disposed 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) or (D)	Price		(Instr. 3 and 4)			(1130.4)		
Common Stock 02/20/3)/2020	2020			S		45,756	D	\$43.92 ⁽¹⁾⁽³⁾		180,	180,856		D	
Common Stock 02/21/					/2020	/2020			S		8,200	D	\$44.55 ⁽²⁾⁽³⁾		0			I.	Family Trust
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	r) if any			ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ation I	rcisable and Date /Year)	7. Title and Amou Securities Underl Derivative Securit (Instr. 3 and 4)		ying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Nur	ount nber Shares		(Instr. 4)			

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$43.72 to \$44.08, inclusive.

2. This transaction was executed in multiple trades at prices ranging from \$44.47 to \$44.59, inclusive.

3. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer, Omega Healthcare Investors, full information regarding the number of shares and prices at which the the transaction was effected.

/s/ Thomas H. Pete	rson,						
Attorney-in-Fact							

** Signature of Reporting Person

02/24/2020

Person Date

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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.