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* HILL BARBARA B (Last) (First) (Middle) 303 INTERNATIONAL CIRCLE SUITE 200 (Street) HUNT VALLEY MD 21030 | | | | | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | [(Check | Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
|---|--------|------------|------|------|---|---|--|---|--|--------------------|--|-------------------------------------|--|---------------------------------------|------|--|--|
| (City) | (State | •) (| Zip) | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Table II - Deriva (e.g., p 1. Title of Derivative Conversion Date Secution Date Execution Date. | | | | | on /Year) e Sec | 2A. Deer Execution if any (Month/I | 3. Transact Code (In 8) Code | sposed of, or Beneficially, convertible securities) Exercisable and on Date Securities Underly | | Price ally Owners) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Wned f | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amount or Number of Shares | | Transaction (Instr. 4) | n(s) | | |
| Profit Interest Units | (1)(2) | 06/11/2020 | | М | | | 5,558 | (3) | | (3) | OP Units | 5,558 | \$0 | 0 | D | | |
| OP Units | (4) | 06/11/2020 | | М | | 5,558 | | (4) | | (4) | Common Stock | 5,558 | \$0 | 5,558 | D | | |
| Profit Interest Units | (1)(2) | 06/11/2020 | | A | | 6,173 | | (5) | | (5) | OP Units | 6,173 | \$0 | 6,173 | D | | |

- 1. Represents Profits Interest Units ("Profits Units") in OHI Healthcare Properties Limited Partnership (the "Operating Partnership"), of which the Issuer is the general partner. Each Profits Unit can be converted into one unit of limited partnership interest (an "OP Unit") in the Operating Partnership following vesting and the satisfaction of certain tax-driven economic requirements. Profits Units were granted the reporting
- 2. Each OP Unit is redeemable at the election of the holder for cash equal to the then fair market value of one share of Issuer common stock, or at the Issuer's election, one share of Issuer common stock, subject to adjustment as set forth in the partnership agreement. OP Units do not expire.
- 3. 100% of the reporting persons Profits Interest Units granted on 6/7/2019 vested and converted in OP Units on 6/11/2020.
- 4. Each OP Unit is redeemable at the election of the holder for cash equal to the then fair market value of one share of Issuer common stock, or at the Issuer's election, one share of Issuer common stock, subject to adjustment as set forth in the partnership agreement. OP Units do not expire.
- 5. 100% of the reporting persons Profits Interest Units granted on 6/11/2020 will vest on the date of the Company's 2021 Annual Meeting of shareholders, subject to continued Board service.

/s/ Thomas H. Peterson, 06/15/2020 Attorney-in-Fact ** Signature of Reporting Person

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.