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						

ı	Check this box if no longer subject to
ı	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*  WHITMAN BURKE W						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]									tionship of Reporting P all applicable) Director Officer (give title below)		Person(s) to Issuer  10% Owner  Other (specification)		wner
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020													вреспу
(Street)  HUNT VALLEY MD 21030  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
		Та	ble I - No	n-Deri	ivativ	e Se	curitie	s Acqı	uired, [	Disp	osed of,	or l	Benefi	cially Ow	ned				
Date					Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) or d Of (D) (Instr. 3, 4 au			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)	
										v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(111501.4)
Common Stock 07/0						01/2020			Р		500 <sup>(1)</sup> A		Α	\$29.86	14,085			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Security (Instr. 3) Or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		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 Amor Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	ode V (A) (D)		(D)	Date Exercisa		Expiration Date Title			Amount or Number of Shares	(Instr. 4)		Jii(a)		

## Explanation of Responses:

1. This transaction was executed at an average weighted price of \$29.86, with all trades within a dollar of the average. 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 transaction was effected. This trade was executed pursuant to a 10b5-1 trading plan.

/s/ Thomas H. Peterson.
Attorney-in-Fact
07/02/2020

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.