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 | | | | | | | |

| 1 | 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 | | | | | <u>OM</u> | 2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | | 5. Relationship of Reporting (Check all applicable) X Director X Officer (give title | | | Person(s) to Issuer 10% Owner Other (specify | | |
|--|---|--|---|--------|--|---|--|-------------------------------------|--|------------|---|------|--|-----------|--|--|---|--|--|--|
| (Last) (First) (Middle) 303 INTERNATIONAL CIRCLE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2020 | | | | | | | | | below) | below) ief Executive Officer | | | вреспу | |
| SUITE 200 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HUNT VALLEY MD 21030 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Noı | n-Deri | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | or E | Benefi | cially Ov | vned | | | | | |
| Date | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | 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 | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and | | | | (Instr. 4) | |
| Common Stock 12/2 | | | | | | 28/2020 | | | S | | 105,71 | 8(1) | B ⁽¹⁾ D \$37 | | 74,738 | | [|) | | |
| Common Stock 12/20 | | | | | 28/2020 | | | | S | | 69,738(1) | | D | \$37 | 5,000 | | |) | | |
| 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) | 3A. Deemed Execution Da if any (Month/Day/ | [c | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | te Sec ear) Der | | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | wnership orm: irect (D) Indirect | Beneficial Ownership (Instr. 4) | |
| Explanation of Re | sponses: | Code V (A) (D) Date Expiration Date Title | | | | | | Amount or Number of Shares | | (Instr. 4) | 5(5) | | | | | | | | | |

1. This transaction was executed via a single block trade at the price shown.

/s/ Thomas H. Peterson, Attorney-in-Fact 12/30/2020

** Signature of Reporting Person Date

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.

 $^{^{\}star}$ 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).