FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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Check this box if no longer s	ubject to
Section 16. Form 4 or Form	5 obligations
may continue. See Instruction	n 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

Name and Address of Reporting Person*  PICKETT C TAYLOR					2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FIGNETT C TAYLOR					OHI ]								X	Director			10% Ow		
(Last)	(First	) (	Middle)		Date of Earliest Transaction (Month/Day/Year)							<b>⊢</b> x	Officer (give title below)			Other (specify below)			
					01/07/2021									Chi	ef Execu	utive	Officer		
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
HUNT VALL	EY MD	2	21030											Form filed	by More ti	han Or	ne Reportino	g Person	
(City)	(State	e) (	Zip)																
		7	able I - Non-	Derivat	ive S	ecuritie	s Acc	quired, D	isp	osed o	f, or Be	nefic	ially Ow	ned					
Date			Transacti ate Month/Day	Execution Date,		Date,	Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		or 4 and 5)	5. Amount of Securities Beneficially Following R Transaction	y Owned Reported (Instruction(s)		Direct (D) rect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount (A) or (D)		) or )			Price		(Instr. 3 and		
			Table II - De					ired, Dis options,						d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) // Acquired (Instr. 8) // Disposed of Dis			(A) or of (D)						lying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable		piration ite	Title	N	mount or umber of hares		Transaction(s) (Instr. 4)				
Restricted Stock Units	(1)	01/07/2021		А		103,311		(1)		(1)	Commo Stock		03,311	\$36.42	103,31	1	D		
Profit Interest Units	(2)(3)	01/07/2021		А		234,892		(4)		(4)	OP Unit	s 2	234,892	\$0	313,17	5	D		

## **Explanation of Responses**

- 1. Represents Restricted Stock Units earned based on performance for the 2018-2020 performance period of which 25% will vest at the end of each calendar quarter of 2021, subject to continued employment and accelerated vesting in certain event and converted to common stock on a one-for-one basis.
- 2. Represents Profits Interest Units ("PIUs") in OHI Healthcare Properties Limited Partnership (the "Operating Partnership"), of which the Issuer is the general partner. Each PIU represents a contingent right to receive one unit of limited partnership interest (an "OP Unit") in the Operating Partnership upon vesting and the satisfaction of certain tax-driven economic requirements. OP Units do not expire.
- 3. The PIUs have been earned, but not yet vested, based on Total Shareholder Return for the 2018-2020 performance period, as certified by the Compensation Committee on January 7, 2021.
- 4. 25% of the PIUs earned based on the 2018-2020 performance period will vest at the end of each quarter of 2021, subject to continued employment and accelerated vesting upon certain events.

/s/ Thomas H. Peterson,
Attorney-in-Fact

\*\* Signature of Reporting Person

Date

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.