FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burde | n | | | | | | | | |
| 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 * BOOTH DANIEL J (Last) (First) (Middle) 303 INTERNATIONAL CIRCLE | | | | | Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] In Date of Earliest Transaction (Month/Day/Year) 01/20/2021 | | | | | | | | | | all applicable Director Officer (gibelow) | etor er (give title | | 10% Owner Other (specify below) | |
|--|--|------------|---|--|--|---|---|----------------------------|--|------------------|-----------------------|--|--|---------------|---|--|----------------|--|--|
| | | | | 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 | | | | | | |
| (City) | (State |) (2 | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | | nsaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transact Code (Ins 8) | str. | | d Of (D) (Inst | r. 3, 4 | | 5. Amount of Securities Beneficially Owner Following Reporte Transaction(s) (Instr. 3 and 4) | | Form | lirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | 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 | | 3A. Deemed Execution Date if any (Month/Day/Ye | Cod | | 5. Number Securities Acquired Disposes (D) (Instrand 5) | | e s I (A) or d of | 6. Date Exc Expiration (Month/Da | Date | | d 7. Title and Amour Securities Underly Derivative Securit 3 and 4) | | ying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | de | V (A) (D) | (D) | Date Exercisabl | | xpiration ate | Title | N N | mount or umber of hares | unt or (Instr | | ion(a) | | | |
| Restricted Stock Units | (1) | 01/20/2021 | | | 4 | 22,051 | | (1) | | (1) | Common Stock 22,05 | | 22,051 | \$0 114,3 | | 47 | D | | |

Explanation of Responses:

1. Represents grant of Restricted Stock Units subject to three-year cliff vesting on 12/31/2023 and subject to continued employment on the vesting date with certain exceptions for qualifying termination of employment.

> /s/ Thomas H. Peterson, 01/21/2021 Attorney-in-Fact Date

** Signature of Reporting Person

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.

^{*} 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).