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 | | | | | | |

| П | 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 * WHITMAN BURKE W | | | | | <u>OM</u> | Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI] | | | | | | | | | tionship of Reporting F . all applicable) Director Officer (give title below) | | Person(s) to Issuer 10% Own Other (sp below) | | wner |
|--|--|--|---|--|---|---|--|-----|---|---|-------------------------|---|--|-------------------------------------|---|---|---|--|--|
| (Last) (First) (Middle) 303 INTERNATIONAL CIRCLE, SUITE 200 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021 | | | | | | | | | | | | | |
| (Street) HUNT VALLEY MD 21030 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | 4. Securiti Disposed | urities Acquired (A) o sed Of (D) (Instr. 3, 4 a | | or 4 and 5) | 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) |
| | | | | | | | | | Code | v | Amount | mount (A) | | Price | (Instr. 3 and | | | | (111501.4) |
| Common Stock 02/0 | | | | | /01/2021 | | | | Р | | 500(1 | 1) A | | \$36.34 | 17,585 | | | D | |
| | 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 Price of Derivative Security | | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable at Expiration Date (Month/Day/Year) | | te | 7. Title and Am Securities Und Derivative Sec (Instr. 3 and 4) | | lerlying urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Evaluation of Pos | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | O.11(S) | | |

Explanation of Responses

1. This transaction was executed in a single block trade at \$36.34. This trade was executed pursuant to a 10b5-1 trading plan.

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

02/01/2021

** 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.