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 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

				2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		OHI]						` X	Director			10% Owner					
(Last) (First) (Middle))	3. Date of Earliest Transaction (Month/Day/Year)							_ x	Officer (g below)	ive title	Other (specify below)					
303 INTERNATIONAL CIRCLE	,	02/10/2021							Chief Executive Officer								
SUITE 200		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	. Individual or Joint/Group Filing (Check Applicable Line)								
(Otro at)									X	, , ,							
(Street) HUNT VALLEY MD 21030)											Form file	d by More	than On	e Reportin	g Person	
(City) (State) (Zip)																	
Table	I - Non-Deri	ivative	e Se	curitie	s Acq	uired,	Disp	osed of,	or l	Benefi	cially Ow	/ned					
1. Title of Security (Instr. 3)	Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		or 4 and 5)	d 5) Securities Beneficiall Following Transactio		6. Own Form: I or Indir (Instr. 4	Direct (D) ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount (A		(A) or (D)	Price	(Instr. 3 and 4)				(111541.4)	
Common Stock	mon Stock 02/10/202					S		27,825(1)		D	\$37.09	5,000			D		
Common Stock 02/12/2021			1			G	V	425 D		\$37.88	4,575			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
	l. Fransaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		te Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)		e C s F lly C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation of Responses:		Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	•	Amount or Number of Shares	ount (Instr.					

1. This transaction was executed in multiple trades at prices ranging from \$37.06 to \$37.15, inclusive. The price reported reflects the weighted average sale price. 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.

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

02/12/2021

** 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.