SEC Form 4

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

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 * Jacobs Kevin J						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					ОНІ]								- X	Director Officer (o	nivo titlo		10% Ov Other (s		
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE					3. Date of Earliest Transaction (Month/Day/Year) 06/07/2021									below)	jive uue		below)	specify	
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) HUNT VALLEY MD 21030													Form filed by More than One Reporting Person						
(City)	(State)	(Zi	p)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					nsaction n/Day/Year	Execution Date,		Transaction D Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				Securities Beneficial Following	5. Amount of Securities Beneficially Owned Following Reported		nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 06/0					7/2021			A		5,581	(1)	Α	\$37.98	37.98 8,754			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)	r. 3) 2. Conversion Date Date Kecution Date, if any Price of Derivative Security Security Security Security Security 3. Transaction Date, if any (Month/Day/Year)		ate,		ransaction Derivative code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun Securities Underly Derivative Security (Instr. 3 and 4)		derlying curity	8. Price of 9. Nur Derivative Security Security (Instr. 5) Benef Owne- Follow Repor Transa		e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date Exercisable Expiration Date

Title

Explanation of Responses:

1. Represents Director compensation via the annual grant of restricted stock that will vest on the date of the Company's 2022 Annual Meeting of Shareholders.

Code

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

06/09/2021

Date

** Signature of Reporting Person

Number of Shares

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.

(A)

(D)