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							

1	Check this box if no longer subject to
L	Section 16. Form 4 or Form 5 obligations
	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  (Last) (First) (Middle)  303 INTERNATIONAL CIRCLE, SUITE 200						2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [ OHI ]  3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021									tionship of F all applicab Director Officer (g below)	le)	orting Person(s) to Issue  10% C title Other below		
(Street) HUNT VALLEY MD 21030 (City) (State) (Zip)					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
1		Та	ble I - No	ո-Deri	ivativ	e Se	curitie	s Acqı	uired, [	Disp	osed of,	or I	Benefi	cially Ow	ned				
Date					ansaction hth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					ties Acquired (A) or I Of (D) (Instr. 3, 4 a			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)
										v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(11150.4)
Common Stock 07/0						01/2021			Р		500(1	1)	Α	\$36.3	24,034			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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)			

## Explanation of Responses:

1. This transaction was executed in a single block trade at \$36.30. This trade was executed pursuant to a 10b5-1 trading plan.

/s/ Thomas H. Peterson,
Attorney-in-Fact
\*\* Signature of Reporting Person

07/01/2021

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.