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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Responses	s)														
1. Name and Address of Reporting Person * Ballew Neal				2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) CHIEF ACCOUNTING OFFICER				
(Last) (First) (Middle) 303 INTERNATIONAL CIRCLE, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 01/12/2022									CHIEF AC	COUNTING	OFFICER	
(Street) HUNT VALLEY, MD 21030				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	Table I - Non-Derivative Securities Acqui							s Acquir	ired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)		Date, if	(Instr. 8)		(A) or Disposed o		of (D)	Beneficial Reported	nt of Securities Illy Owned Following Transaction(s)		Ownership of Form:	eneficial	
				(Month/Day/Year)		Co	de	V	Amount	(A) or (D)	Price	(Instr. 3 ar	r. 3 and 4)		Direct (D) r Indirect I) Instr. 4)	Ownership Instr. 4)
Common	Stock		01/03/2022			A		3	310 (1)	Δ	\$ 29.59	874		I)	
	Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
				e.g., puts, c	alls, w	arrants	s, op	tions, c	convert	ible secu				1		
1. Title of Derivative Security (Instr. 3) 2.		r, if Transaction of Code laar) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amour Underl Securit (Instr.	nt of lying ties 3 and 4)	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect) (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exerci		Expiration Date	n Title	Amount or Number of Shares				
Profits Interest Units	(2) (3)	01/12/2022	2	A	Ğ	9,511		<u>(</u> 4	<u>4)</u>	<u>(5)</u>	OP Units	\$ 9,511	\$ 0	15,045	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director 10% Owner		Officer	Other			
Ballew Neal 303 INTERNATIONAL CIRCLE SUITE 200 HUNT VALLEY, MD 21030			CHIEF ACCOUNTING OFFICER				

Signatures

/s/ Thomas H Pete	/s/ Thomas H Peterson, Attorney-in-Fact			
**Signature o	f Reporting Person		Date	

Explanation of Responses:

- * 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).
- (1) These shares were purchased via the Company's Employee Stock Purchase Plan. The total transaction amount did not exceed \$10,000.
- Represents Profits Interest Units ("PIUs") in OHI Healthcare Properties Limited Partnership (the "Operating Partnership"), of which the Issuer is the general partner. Each PIU (2) represents a contingent right to receive one unit of limited partnership interest (an "OP Unit") in the Operating Partnership upon vesting and the satisfaction of certain tax-driven economic requirements.
- (3) Each OP Unit is redeemable at the election of the holder for cash equal to the then fair market value of one share of Issuer common stock, or at the Issuer's election, one share of Issuer common stock, subject to adjustment as set forth in the partnership agreement. The OP Units have no expiration date.
- (4) Subject to three-year cliff vesting on 12/31/2024 and subject to continued employment on the vesting date with certain exceptions for qualifying termination of employment. OP Units do not expire.
- (5) Subject to three-year cliff vesting on 12/31/2024 and subject to continued employment on the vesting date with certain exceptions for qualifying termination of employment. OP Units do not expire.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.