Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HE Form 4 June 11, 201	EALTHCARE IN	VESTOF	RS INC								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION											
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o	ser STATEM	GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 3 ⁻ 200 Estimated average burden hours per response 0.				
may cont	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type I	Responses)										
PLAVIN STEPHEN D Symbo OME				suer Name and Ticker or Trading ol EGA HEALTHCARE ESTORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				te of Earliest Transaction th/Day/Year) 0/2013				X_ Director10% Owner Officer (give titleOther (specify below) below)			
(Street) 4. If Amendm Filed(Month/E				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
HUNT VAI	LLEY, MD 21030							Person	iore man One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/10/2013			А	3,000 (1)	А	\$ 31.55	61,298	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Toporting of the read of the	Director	10% Owner	Officer	Other			
PLAVIN STEPHEN D 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	Х						
Signatures							
/s/ Thomas H. Peterson, Attorney-in-Fact	06/11/2013						
**Signature of 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) Represents grant of restricted stock subject to time-based vesting.

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.