Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HEALTHCARE IN Form 4 August 18, 2005 FORM 4 UNITED		CURITIES A			NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287
Check this box Expires								0
(Print or Type Responses)								
1. Name and Address of Reporting KORMAN BERNARD J	. Issuer Name and mbol MEGA HEAL VESTORS IN	ГНСАRE		ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) 7812 FISHER ISLAND DR	(M	Date of Earliest Tr onth/Day/Year) /16/2005	ransaction			_X_ Director Officer (give below)		Owner er (specify
(Street)	If Amendment, Da	endment, Date Original			6. Individual or Joint/Group Filing(Check			
FISHER ISLAND, FL 3310	ed(Month/Day/Year	;)			Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-I	Derivative S	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)2. Transaction Data (Month/Day/Year)		Code Year) (Instr. 8)	4. Securit on(A) or Di (Instr. 3, 4	spose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
OHI Common 08/16/2005 Stock		Code V A	Amount 383 <u>(1)</u>	(D) A	Price \$ 13.05	548,695	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. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KORMAN BERNARD J 7812 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Х						
Signatures							
Thomas Peterson, Attorney-In-Fact	08/18/2005						
<u>**</u> 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) Grant of stock for payment of Director's fees.

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.