Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

| OMEGA H Form 4 August 05, | EALTHCARE IN 2009 | VESTOR | RS INC | | | | | | | | | |
|--|---|--|--|--|--|---|------------------|--|--|---|--|--|
| FORM | 14 UNITED | STATES | SECU | RITIES A | AND EX | СНА | NGE CO | OMMISSION | OMB AF OMB | PROVAL | | |
| Check th if no lon subject t Section Form 4 Form 5 | his box ^{1ger} STATEN | | Wa | ashington | n, D.C. 20 |)549 | | Number: Expires: | 3235-0287 January 31, 2005 | | | |
| | 16. or | | | | | | | | | Estimated average burden hours per response 0.8 | | |
| obligati may con <i>See</i> Inst 1(b). | ons ntinue. Section 170 | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 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 | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u></u> <u></u> <u>STEPHENSON ROBERT O</u> | | | 2. Ibbaer France and Frener of Frading | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | | | | | | | | | |
| CIRCLE, S | Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| HUNT VA | LLEY, MD 2103 | 0 | | | | | _ | Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non- | Derivative | Secu | rities Acqui | red, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | 4. Securit ord Dispos (Instr. 3, 4 | ed of (| | 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) | | |
| ~ | | | | Code V | Amount | (D) | Price \$ | (Instr. 3 and 4) | | | | |
| Common Stock | 08/04/2009 | | | S | 10,000 | D | 17.5022 (1) | 142,449 | D | | | |
| Common Stock | 08/05/2009 | | | S | 5,000 | D | \$ 18.209 (1) | 137,449 | 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.

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 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) | ; | Date | Amou Unde Secur | le and unt of rlying tities (. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| STEPHENSON ROBERT O 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030 | | | Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Thomas H. Peterson, Attorney-in-Fact | | 08/05/200 | 9 | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| SUITE 3500 HUNT VALLEY, MD 21030 Signatures /s/ Thomas H. Peterson, Attorney-in-Fact | | | | | | | | |

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) Share price reflects the weighted average price of shares sold

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.