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| FRANKE TI Form 4 | | | | | | | | | | | | |
|---|--|--|----------------------------------|---|--|---|---------------------|--|---|--|--|--|
| November 24 | | | | | | | | | OMB A | PPROVAL | | |
| FORM | 14 UNITED | STATES | | | | | NGE (| COMMISSION | ONIB | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o Form 5 | ^{ger} STATEN 6. r Filed pur | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5 | | |
| obligation may cont <i>See</i> Instru 1(b). | inue. Section 17(action | | | tility Hol westment | • | · · | • | f 1935 or Sectio 40 | n | | | |
| (Print or Type I 1. Name and A FRANKE T | Address of Reporting | Person <u>*</u> | Symbol OMEG | r Name and A HEAL' TORS IN | THCAR | | ng | 5. Relationship of Issuer (Chea | f Reporting Per ck all applicabl | | | |
| (Last) 200 INTER CIRCLE, SU | NATIONAL | Middle) | 3. Date o (Month/I 11/17/2 | | ransaction | | | X Director Officer (give below) | | % Owner ner (specify | | |
| HUNT VAI | (Street) LLEY, MD 21030 |) | | endment, Da nth/Day/Yea | - | ıl | | 6. Individual or Ja Applicable Line) _X_ Form filed by M Form filed by M Person | One Reporting P | erson | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Secur | ities Acq | uired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deen Executior any (Month/D | ned 1 Date, if | 3. | 4. Securi or(A) or Di (Instr. 3, | ties Ad sposed 4 and (A) or | cquired 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) | 7. Nature of Indirect | | |
| Common Stock | 11/17/2009 | | | А | 354 <u>(1)</u> | A | \$ 17.64 | 38,943 | D | | | |
| Common Stock | | | | | | | | 47,141 | Ι | Owned By Family Limited Liability Company Of Which The Reporting Person Is A | | |

Reporting Owners

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Member.

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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int 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 | | |

Other

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|--|--|
| | Director | 10% Owner | Officer | | |
| FRANKE THOMAS F 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030 | Х | | | | |
| Signatures | | | | | |
| /s/ Thomas H. Peterson, Attorney-in-Fact | | 11/24/200 |)9 | | |
| **** | | | | | |

**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.