Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HI Form 4 May 20, 201	EALTHCARE IN	IVESTOR	RS INC								
FORM	14								PPROVAL		
. •	••• UNITED	STATES		RITIES AN Ishington, D			COMMISSIO	N OMB Number:	3235-0287		
Check th			***	ishington, L				Expires:	January 31, 2005		
if no lon subject t Section Form 4	16. SIAIE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U		ng Com	pany Act	nge Act of 1934, of 1935 or Secti 940				
(Print or Type	Responses)										
	Address of Reporting HAL EDWARD	Symbol	er Name and T		Frading	5. Relationship of Reporting Person(s) to Issuer					
				GA HEALTH STORS INC			(Check all applicable)				
(Last)	(Month/Day/Ye			Day/Year)	nelow)				ve title 10% Owner Other (specify below)		
200 INTERNATIONAL CIRCLE, SUITE 3500			05/16/2	2014							
				Amendment, Date Original d(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 Person				
(City)	(State)	(Zip)	Tab	ole I - Non-Dei	rivative S	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	TransactionA Code D	Securitie cquired (isposed o nstr. 3, 4	A) or f (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V A		(A)or(D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	lass of sec	urities benefici	ally own	ed directly	or indirectly.				
					informa require	ation cont d to resp s a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	ole II - Deri	vative Sec	curities Acquir	red, Disp	osed of, or	Beneficially Owne	d			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	8)	Deriva Securi Acqui (A) or Dispos of (D) (Instr. and 5)	ties red sed 3, 4,			(Instr. 3 and 4)		Security (Instr. 5)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units	<u>(1)</u>	05/16/2014		А		347 (2)		(3)	<u>(4)</u>	Common Stock	347	\$ 36.0

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
LOWENTHAL EDWARD 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	Х			
Signatures				
/s/ Thomas H. Peterson, Attorney-in-Fact		05/20/201	4	
** 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) Deferred Stock Plan: These units represent the grant of stock to the reporting person and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units
- (2) Grant of stock, elected to be taken as deferred stock units, for payment of Director's quarterly compensation.
- (3) These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.
- (4) These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.
- (5) Balance includes 86 Deferred Stock Units accumulated through dividend reinvestment, not previously reported.

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.