## Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HI Form 4 July 30, 201	ЛЛ			RITIES A	AND EX(	СНА	NGE CO	OMMISSION	OMB AF	PROVAL		
Check th if no lon subject t Section Form 4 o Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue. Section 17(	suant to S a) of the I	F CHAN Section 1 Public U	GES IN SECUE 6(a) of th tility Hol	<b>RITIES</b> ne Securit	I <b>CIA</b> ies E npany	xchange Act of 1	ERSHIP OF Act of 1934, 1935 or Section	Number: Expires: Estimated a burden hour response	•		
PICKETT C TAYLOR Symbol OMEG				and there are the set that the				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				e of Earliest Transaction h/Day/Year) 4/2014				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chief Executive Officer				
				onth/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 Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur		ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3.	4. Securiti ord Dispose (Instr. 3, 4 Amount	ies Ac ed of (	quired (A) D) i) Price	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 Beneficial Ownership (Instr. 4)		
Common Stock	07/24/2014			S	10,800 (1)	D	\$ 39.045	232,049	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)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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							
I Service and the service serv	Director	10% Owner	Officer	Other				
PICKETT C TAYLOR 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	Х		Chief Executive Officer					
Signatures								
/s/ Thomas H. Peterson, Attorney-in-Fact	07/30/2014							
**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) The sales reported in this Form 4 were effected pursuant to a rule 10b5-1 trading plan adopted by the reporting person on May 20, 2014.

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.