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

OMEGA HEALTHCARE IN Form 4 May 17, 2007	NVESTORS	S INC								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	PROVAL 3235-0287		
Section 16. Form 4 or Form 5 Filed pu obligations may continue. See Instruction 1(b).	rsuant to Se (a) of the Pu	CHAN ection 10 ublic Ut	GES IN 1 SECUR	BENEFI ITIES e Securit ling Con	I <b>CIA</b> ies E ipany	xchange y Act of	NERSHIP OF e Act of 1934, f 1935 or Section 0	Expires: Estimated a burden hour response	0	
(Print or Type Responses)										
KLOOSTERMAN HAROLD J Symbol OMEGA			er Name and Ticker or Trading SA HEALTHCARE STORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) 9690 DEERECO ROAD, S	(.	3. Date of Month/D 05/15/2(	-	ansaction			X Director Officer (give below)		Owner er (specify	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TIMONIUM, MD 21093							Form filed by M Person			
(City) (State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Da (Month/Day/Year		Date, if	3. Transactic Code (Instr. 8)	(Instr. 3,	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 05/15/2007 Stock			Code V A	Amount 377 <u>(1)</u>	(D) A	Price \$ 16.56	69,147	D (2)		

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	Secur	unt of rlying	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		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KLOOSTERMAN HAROLD J 9690 DEERECO ROAD SUITE 100 TIMONIUM, MD 21093	Х					
Signatures						
Thomas Peterson, Attorney-In-Fact	0	5/17/2007				
<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.
- (2) Also indirectly owns 10,827 shares, which are held directly by spouse.

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.