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OMEGA HEALTHCARE INVESTORS INC

Form 4

February 18, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person *

(First)

FRANKE THOMAS F

2. Issuer Name and Ticker or Trading

Symbol

OMEGA HEALTHCARE

INVESTORS INC [OHI]

3. Date of Earliest Transaction (Month/Day/Year)

02/16/2016

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

10% Owner

_ Other (specify

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

200 INTERNATIONAL

CIRCLE, SUITE 3500

(Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

_X__ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

HUNT VALLEY, MD 21030

| | (City) | (State) | (Zip) Tabl | e I - Non-D | Perivative Securities Acq | uired, Disposed o | of, or Beneficia | lly Owned |
|------------|------------------------|--------------------------------------|-------------------------------|-------------------------|---|--|---|---------------------------------------|
| | 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securities Acquired or(A) or Disposed of (D) | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
| (Instr. 3) | | | any (Month/Day/Year) | Code (Instr. 8) Code V | (Instr. 3, 4 and 5) (A) or Amount (D) Price | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | Common Stock | 02/16/2016 | | A | 444 (1) A \$ 28.18 | 79,753 | D | |
| | Common Stock | | | | | 53,182 | I | Owned By Family |

Limited Liability Company Of Which The Reporting

Person Is A

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secu

> > Bene Own Follo Repo Trans (Instr

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. onNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) |
|---|---|---|---------------------------------------|--|---------------------|--------------------|--|--|---|
| | | | 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 | | |
| FRANKE THOMAS F 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030 | X | | | | | |

Signatures

/s/ Thomas H. Peterson,
Attorney-in-Fact
02/18/2016

**Signature of Reporting Person

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).

Date

(1) Grant of stock for payment of Director's quarterly compensation.

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.

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