## Edgar Filing: PICKETT C TAYLOR - Form 4

PICKETT C Form 4 May 23, 201												
FORM	<b>14</b> UNITED	STATES					NGE CO	OMMISSION	OMB AP OMB Number:	PROVAL 3235-0287		
Washington, D.C. 20549Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNER SECURITIESForm 4 or Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act Section 17(a) of the Public Utility Holding Company Act of 193 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940						Act of 1934, 1935 or Section	January 31Expires:2005Estimated averageburden hours perresponse0.5					
(Print or Type	Responses)											
PICKETT C TAYLOR Symbol OMEG			er Name <b>and</b> Ticker or Trading GA HEALTHCARE STORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) 200 INTER CIRCLE, S	NATIONAL	Middle)		of Earliest T Day/Year) 2013	ransaction			_X_ Director _X_ Officer (give t below) Chief E		Owner r (specify er		
	(Street)				Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HUNT VA	LLEY, MD 2103	)					-	Person	sie man one Rep	Johning		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if		(Instr. 3, 4	ed 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 Beneficial Ownership (Instr. 4)		
Common Stock	05/21/2013			S	44,627	D	\$ 37.5648	387,016	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)	3A. Deemed Execution Date, if any (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	Secur	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 S S S S S S S S S S S S S S S S S S S	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	05/23/2013							
**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).

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.