Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HI Form 4 May 24, 201	EALTHCARE IN	VESTORS	INC							
FORM Check the if no lon subject to Section 2 Form 4 of Form 5 obligation may con <i>See</i> Instri 1(b).	nis box ger o 16. or Filed pur ons tinue. vuction	IENT OF (suant to Sec a) of the Pul	ction 16(a) of th	, D.C. 20 BENEF RITIES ne Securi ding Col	D 549 FICLA ties H mpan	LOWN Exchange y Act of 1	ERSHIP OF Act of 1934, 935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
1. Name and A	Address of Reporting	Sy O	2. Issuer Name an ymbol MEGA HEAL NVESTORS IN	THCAR	E	0	5. Relationship of F ssuer (Check	Reporting Pers		
(Last) 200 INTER CIRCLE, S	NATIONAL	(N	Date of Earliest T Month/Day/Year) 5/22/2013	ransaction			Director _X Officer (give t lelow) Chief Fi		Owner r (specify er	
			If Amendment, D iled(Month/Day/Yea	-	al	- - -	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)	Table I - Non-J	Derivative	Secu		red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. ate, if Transactio Code 'Year) (Instr. 8)		ties Ac sed of	cquired (A) (D) 5) 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	05/22/2013		S	2,400	D	\$ 38.1032	205,674	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)	3. Transaction Date (Month/Day/Year)	Code	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt 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	Relationships						
Director 10% Owner Officer	Other						
STEPHENSON ROBERT O200 INTERNATIONAL CIRCLESUITE 3500HUNT VALLEY, MD 21030	cer						
Signatures							
/s/ Thomas H. Peterson, Attorney-in-Fact 05/24/2013							
<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).

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.