Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

OMEGA HEA Form 4 August 20, 20	ALTHCARE IN 15	VESTOF	RS INC								
FORM	4			DIFIER				-	PPROVAL		
	• UNITED	STATES			AND EX 1, D.C. 2(E COMMISSION	N OMB Number:	3235-0287		
Check this			***	isinigtoi	I, D.C. 20	JJ-7/		Expires:	January 31,		
if no longer subject to Section 16. Form 4 or Form 5	SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Re	sponses)										
1. Name and Add KLOOSTERN	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer						
			THCAR		(Check all applicable)						
(Last)	(Last) (First) (Middle) 0 INTERNATIONAL RCLE, SUITE 3500				Fransaction		X Director Officer (giv		% Owner her (specify		
				Day/Year) 2015			below) below)				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						al	6. Individual or Joint/Group Filing(Check Applicable Line)				
HUNT VALL					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities	Acquired, Disposed	of, or Beneficia	lly Owned		
		th/Day/Year) 2A. Deen th/Day/Year) Execution any (Month/D		3. Transacti Code (Instr. 8)	4. Securi onAcquired Disposed	(A) or of (D)	Securities	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		(Month/D	ay/rear)	rear) (msu. o) (msu		4 and 5) (A)	Following Reported	(I) (Instr. 4)			
		Code V	Amount	or (D) Price	Transaction(s) (Instr. 3 and 4) ce						
Reminder: Repor	t on a separate line	e for each c	lass of sec	urities ben	eficially ow	ned directly	or indirectly.				
reminer, repo					Perso inforr requi	ons who re nation con red to resp ays a curre	espond to the colle ntained in this form cond unless the for ently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab						r Beneficially Owned e securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Derivative (M Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units	<u>(1)</u>	08/18/2015		А		339 (2)		<u>(3)</u>	(3)	Common Stock	339	\$ 36.8

Reporting Owners

Reporting Owner Name / Address				
r g	Director	10% Owner	Officer	Other
KLOOSTERMAN HAROLD J 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLLEY, MD 21030	Х			
Signatures				
/s/ Thomas H. Peterson, Attorney-in-Fact		08/20/201	5	
<pre>**Signature of Reporting Person</pre>		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).

Deferred Stock Plan: These units represent the grant of stock or restricted stock to the reporting person vesting over time or upon other (1) specified events and convert into shares of common stock on a 1 for 1 basis. If the participant so elects, dividends will also be converted into Deferred Stock Units.

- (2) Grant of Units for payment of Director's fees.
- (3) These units will be converted into shares of common stock upon separation from service, death, disability, or certain specified events, all as defined in such plan.

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.