Edgar Filing: OMEGA HEALTHCARE INVESTORS INC - Form 4

| OMEGA HE Form 4 May 19, 200 | | ESTORS INC | RITIES AN | D EXCHA | NGE C | COMMISSION | OMB A | PPROVAL | |
|---|---|-------------|--|--|---------------------|---|---|---|--|
| Check th | is hox | Wa | shington, D | .C. 20549 | | | Number: | 3235-0287 | |
| if no long subject to Section 1 Form 4 o Form 5 | ger STATEMI 66. pr | ENT OF CHAN | SECURIT | TIES | | Expires: Estimated a burden hou response | irs per | | |
| obligatio may cont <i>See</i> Instru 1(b). | $\frac{ns}{tinue}$. Section 17(a) | | tility Holdin | g Company | y Act of | 1935 or Sectior | 1 | | |
| (Print or Type I | Responses) | | | | | | | | |
| FRANKE THOMAS F Symbol | | | er Name and Ti A HEALTH | CARE | ng | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | INVES | TORS INC | [OHI] | | (check an applicable) | | | |
| (Last) 9690 DEER | (First) (Mi ECO ROAD, SUI | (Month/ | of Earliest Trans Day/Year) 2008 | saction | | X Director Officer (give t below) | title $\frac{10\%}{\text{below}}$ | b Owner er (specify | |
| TIMONIUN | (Street) A, MD 21093 | | endment, Date onth/Day/Year) | Original | | 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M | one Reporting Pe | erson | |
| (City) | | Zip) Tab | la I. Nan Dari | wating Same | ition A on | Person | on Donoficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 140 | 3. 4. Transaction(A Code (I | Securities Ad A) or Disposed nstr. 3, 4 and (A) or | cquired d of (D) | Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |
| Common Stock | 05/15/2008 | | A 3 | 45 <u>(1)</u> A | \$ 18.08 | 34,507 | D | | |
| Common Stock | | | | | | 47,141 | I | Owned by family limited liability company of which the reporting person is a member. | |

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. | 6. Date Exerc | | 7. Titl Amou | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|------------------|--------------------|---|---------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monul/Day/Teal) | (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Under Securi | lying | Security (Instr. 5) | Secur Bene Owno Follo Repo Trans (Instr |
| | | | | 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 9690 DEERECO ROAD SUITE 100 TIMONIUM, MD 21093 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Thomas H. Peterson, | | 05/19/ | /2008 | | | |

Attorney-in-Fact <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

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.