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OMEGA HEALTHCARE INVESTORS INC

Form 5

February 03, 2016

FORM	15							OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMM							MMISSION	OMB Number:	3235-0362	
Check th no longe		wasnington	Washington, D.C. 20549					January 31, 2005		
to Sectio Form 4 c 5 obligat may con See Instr	or Form ANN ions tinue.		TEMENT OF CHANGES IN BENEFICIAL WNERSHIP OF SECURITIES					Expires: 200 Estimated average burden hours per response 1		
1(b).	Filed pur Holdings Section 17(a) of the Pub	tion 16(a) of the blic Utility Hole the Investmen	ding Comp	any A	Act of 1		ı		
1. Name and Address of Reporting Person * BOBINS NORMAN			2. Issuer Name and Ticker or Trading Symbol OMEGA HEALTHCARE INVESTORS INC [OHI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) ((M	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015				Officer (give	title 10% Owner Other (specify below)		
	RNATIONAL SUITE 3500									
	(Street)	If Amendment, Ded(Month/Day/Yea	-				6. Individual or Joint/Group Reporting (check applicable line)			
HUNT VA	LLEY, MD 2	1030				_	X_ Form Filed by O Form Filed by Merson	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Table I - Non-	Derivative Se	curitic	es Acqui	red, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		Code	Transaction (A) or Dis Code (Instr. 3, 4		A) or Disposed of (D) snstr. 3, 4 and 5)		Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	07/17/2015	Â	A4	Amount 3,000 (1)	(A) or (D)	Price \$ 35.71	Fiscal Year (Instr. 3 and 4) 43,173	(Instr. 4)	Â	
	port on a separate line eficially owned direct		Persons who respond to the collection of information contained in this form are not required to respond unless							

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
									or	
						Date	Expiration		Number	
						Exercisable	Date	of		
					(A) (D)				Shares	

of D

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Reporting Owners

Reporting Owner Name / Address	Relationships						
FG	Director	10% Owner	Officer	Othe			
BOBINS NORMAN 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	ÂX	Â	Â	Â			

Signatures

/s/ Thomas H. Peterson,
Attorney-in-Fact

**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) Represents grant of restricted stock subject to time-based vesting.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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