

KLOOSTERMAN HAROLD J  
 Form 4  
 April 17, 2007

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*  
 KLOOSTERMAN HAROLD J

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) (Middle)  
 9690 DEERECO ROAD, SUITE 100  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 04/16/2007

Director  10% Owner  
 Officer (give title below)  Other (specify below)

TIMONIUM, MD 21093

(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)	
				(A) or (D)	Price			
				Code	V	Amount		
OHI Common Stock	04/16/2007		M	1,000	A	\$ 6.125	64,770	D <sup>(1)</sup>
OHI Common Stock	04/16/2007		M	1,000	A	\$ 3.8125	65,770	D <sup>(1)</sup>
OHI Common Stock	04/16/2007		M	1,000	A	\$ 6.02	66,770	D <sup>(1)</sup>
OHI Common	04/16/2007		M	1,000	A	\$ 3.74	67,770	D <sup>(1)</sup>

Stock

OHI

Common 04/16/2007 M 1,000 A \$ 9.33 68,770 D <sup>(1)</sup>  
 Stock

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.**

SEC 1474  
(9-02)

**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 6.125	04/16/2007		M	1,000	03/06/2003 <sup>(2)</sup> 03/06/2010	Omega Healthcare Investors, Inc. Common Stock	1,000
Stock Option (Right to Buy)	\$ 3.8125	04/16/2007		M	1,000	01/01/2004 <sup>(3)</sup> 01/01/2011	Omega Healthcare Investors, Inc. Common Stock	1,000
Stock Option (Right to Buy)	\$ 6.02	04/16/2007		M	1,000	01/01/2005 <sup>(4)</sup> 01/01/2012	Omega Healthcare Investors, Inc. Common Stock	1,000
Stock Option (Right to Buy)	\$ 3.74	04/16/2007		M	1,000	01/01/2006 <sup>(5)</sup> 01/01/2013	Omega Healthcare Investors, Inc.	1,000

Stock Option (Right to Buy)	\$ 9.33	04/16/2007	M	1,000	01/01/2007 <sup>(6)</sup>	01/01/2014	Common Stock  Omega Healthcare Investors, Inc.  Common Stock	1,000
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KLOOSTERMAN HAROLD J 9690 DEERECO ROAD SUITE 100 TIMONIUM, MD 21093	X			

## Signatures

Thomas Peterson, Attorney-In-Fact	04/17/2007
__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) Also indirectly owns 10,827 shares, which are held directly by spouse.  
 These options are the total of a previously reported grant on March 6, 2000 by the Issuer to the reporting person to buy 1,000 shares of
- (2) Omega Healthcare Investors, Inc. common stock. One-third of the total grant of options vested on each anniversary of the option grant date, beginning March 6, 2001.  
 These options are the total of a previously reported grant on January 1, 2001 by the Issuer to the reporting person to buy 1,000 shares of
- (3) Omega Healthcare Investors, Inc. common stock. One-third of the total grant of options vested on each anniversary of the option grant date, beginning January 1, 2002.  
 These options are the total of a previously reported grant on January 1, 2002 by the Issuer to the reporting person to buy 1,000 shares of
- (4) Omega Healthcare Investors, Inc. common stock. One-third of the total grant of options vested on each anniversary of the option grant date, beginning January 1, 2003.  
 These options are the total of a previously reported grant on January 1, 2003 by the Issuer to the reporting person to buy 1,000 shares of
- (5) Omega Healthcare Investors, Inc. common stock. One-third of the total grant of options vested on each anniversary of the option grant date, beginning January 1, 2004.  
 These options are the total of a previously reported grant on January 1, 2004 by the Issuer to the reporting person to buy 1,000 shares of
- (6) Omega Healthcare Investors, Inc. common stock. One-third of the total grant of options vested on each anniversary of the option grant date, beginning January 1, 2005.

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.