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OMEGA HEALTHCARE INVESTORS INC

Form 4 July 02, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287 January 31, Expires: 2005

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OMB APPROVAL

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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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading CRABILL R LEE Issuer Symbol **OMEGA HEALTHCARE** (Check all applicable) **INVESTORS INC [OHI]** (Middle) (Last) (First) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title _ Other (specify (Month/Day/Year) below) 200 INTERNATIONAL 06/30/2014 Senior Vice President CIRCLE, SUITE 3500 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

HUNT VALLEY, MD 21030

(City)	(State) (Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficiall	y 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. Securi on(A) or Do (Instr. 3,	ispose 4 and (A) or	d of (D)	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	06/30/2014		M	8,082 (1)	A	\$ 36.86	67,138	D	
Common Stock	06/30/2014		M	2,694 (2)	A	\$ 36.86	69,832	D	
Common Stock	06/30/2014		F	5,447 (3)	D	\$ 36.86	64,385	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Person

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number op f 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)		8 1 5 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Performance Res. Stk. Units	<u>(1)</u>	06/30/2014		M	8,082	<u>(4)</u>	<u>(4)</u>	Common Stock	8,082	
Performance Res. Stk. Units	<u>(2)</u>	06/30/2014		M	2,694	<u>(4)</u>	<u>(4)</u>	Common Stock	2,694	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Senior Vice President

CRABILL R LEE

200 INTERNATIONAL CIRCLE

SUITE 3500

HUNT VALLEY, MD 21030

Signatures

/s/ Thomas H. Peterson, Attorney-in-Fact 07/02/2014

**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 performance restricted stock units (PRSUs) that vested on June 30, 2014, with the amount earned based on absolute Total Shareholder Return for the 2011-2013 performance cycle.
- (2) Represents PRSUs that vested June 30, 2014 that are based on relative Total Shareholder Return for the 2011-2013 performance cycle.
- (3) Represents the portion of PRSUs that vested on June 30, 2014 that are deliverable by the reporting person on or about June 30, 2014 as payment of income tax liability in connection with the vesting of the PRSUs.

Reporting Owners 2

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(4) PRSUs related to the 2011-2013 performance cycle vest in four equal installments at the end of each calendar quarter in 2014 subject to continued employment.

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.