### Edgar Filing: FRANKE THOMAS F - Form 4

FRANKE T Form 4												
February 16	ЛЛ	STATES	SECU	RITIES A	ND EX	сна	NGE (	COMMISSION		PPROVAL		
		SIAILS		shington,					OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 c Form 5	ger o <b>STATEN</b> 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
obligatio may cont <i>See</i> Instr 1(b).	tinue. Section 17(	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)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol OMEGA HEALTHCARE					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Lost)	(First)	Middle)	INVESTORS INC [OHI] 3. Date of Earliest Transaction									
(Last) 200 INTER CIRCLE, S	NATIONAL	vildue)	3. Date o (Month/I 02/16/2	Day/Year)	ansaction			X Director Officer (give below)		ner (specify		
	(Street)	<b>`</b>		endment, Da nth/Day/Year	-	ıl		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting P	erson		
	LLEY, MD 21030							Person		1 0		
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Executior any (Month/D	n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi n(A) or Di (Instr. 3, Amount	(A) or	d of (D) 5) Price	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	02/16/2012			А	436 <u>(1)</u>	А	\$ 21.49	52,844	D			
Common Stock								47,141	Ι	Owned By Family Limited Liability Company Of Which The Reporting Person Is A		

**Reporting Owners** 

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Member.

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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer		
FRANKE THOMAS F 200 INTERNATIONAL CIRCLE SUITE 3500 HUNT VALLEY, MD 21030	Х				
Signatures					
/s/ Thomas H. Peterson, Attorney-in-Fact		02/16/201	2		

#### \*\*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.