Edgar Filing: Sabra Health Care REIT, Inc. - Form 4

Sabra Health (Form 4 July 01, 2014	Care REIT, Inc.										
FORM Check this if no longe subject to	box	Washington, D.C. 20549 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 20(b) of the Investment Company Act of 1040								PPROVAL 3235-0287 January 31, 2005 average	
Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pur Suue. Section 17(irs per 0.5	
Ettl Robert A. Symbol				r Name and Ticker or Trading Health Care REIT, Inc.]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	HEALTH CAF 18500 VON KA		3. Date of (Month/Da (Month/Da 06/30/20	-	nsaction			X Director Officer (give below)		6 Owner er (specify	
Filed(Mont				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
IRVINE, CA (City)	92612 (State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Acc	Person Quired, Disposed o			
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution Execution any		3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o 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			А	569 <u>(1)</u>	А	\$0	31,570 <u>(2)</u>	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	umber Expiration Date (Month/Day/Year) erivative ecurities cquired A) or isposed C(D) nstr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
I Branch and the second	Director	10% Owner	Officer	Othe		
Ettl Robert A. C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612	х					
Signatures						
/s/ Harold W. Andrews, Jr., as Attorney-in-Fact	07/01/	/2014				
<u>**</u> Signature of Reporting Person	D	ate				

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).

Represents stock units received by the reporting person in lieu of quarterly director fees pursuant to an election under the Issuer's Non-Employee Directors Stock-For-Fees Program. The units are fully vested and are payable in an equivalent number of shares of the (1) Issuer's Common Stock on or within sixty (60) days following the earlier of the reporting person's separation from service or June 30, 2019.

Includes 2,654 unvested stock units and 22,416 stock units that have vested but the payment of which has been deferred. Each stock unit (2) represents the right to receive one share of the Issuer's Common Stock.

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.