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

Sabra Health C Form 4 June 19, 2015	Care REIT, Inc										
FORM Check this b	UNITED	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								2235-0287	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	STATE Filed pu Je. Section 17									Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type Res	sponses)										
Ettl Robert A. Symbol				a Health Care REIT, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/D C/O SABRA HEALTH CARE 06/17/20 REIT, INC., 18500 VON KARMAN AVENUE, SUITE 550				-				X_ Director 10% Owner Officer (give title Other (specify below) below)			
Filed(Mont				ndment, Date Original nth/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 			
(City)	(State)	(Zip)	Tabla	I Non De	rivativa	Socuri	tios A a	Person			
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	ate 2A. Dee r) Execution any	med	3.	4. Securi nAcquired Disposed (Instr. 3, Amount	ties l (A) o l of (D	r)	quired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership	-	
Common Stock	06/17/2015			А	3,409 (1)	А	\$0	43,082 <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. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
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	06/19/	/2015				
**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).
- Grant of restricted stock units under the Issuer's 2009 Performance Incentive Plan. The units vest in equal monthly installments beginning (1) July 17, 2015 and ending on the earlier of June 16, 2016 or the day before the date of the next annual stockholders' meeting.
- Includes 3,409 unvested stock units and 27,673 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.