Washington, D.C. 20549

Sabra Health Care REIT, Inc.

Form 4 December 20, 2016

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

(Middle)

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \* MATROS RICHARD K

2. Issuer Name and Ticker or Trading

Symbol

Sabra Health Care REIT, Inc.

3. Date of Earliest Transaction

[SBRA]

(Month/Day/Year)

12/16/2016

(Check all applicable)

Chairman, CEO and President

5. Relationship of Reporting Person(s) to

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below)

C/O SABRA HEALTH CARE REIT, INC., 18500 VON KARMAN **AVENUE, SUITE 550** 

(First)

(Street)

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

Applicable Line)

Issuer

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

**IRVINE, CA 92612** 

(City) (State) (Zip)

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

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Ownership Indirect (Instr. 3) Code Beneficially Form: Direct Beneficial (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4)

(A) Transaction(s) (Instr. 3 and 4) Code V Amount Price (D)

Common 35,321 12/16/2016 \$0 D A 120,033 (2) (1)Stock

By R&A Matros Common 930,269 I Stock Revocable

Trust

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

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SEC 1474 (9-02)

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

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date		4.	5. ionNumber	6. Date Exerc		7. Tit		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	execution Date, if any (Month/Day/Year)	Code (Instr. 8)	of	<b>.</b>		Under	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MATROS RICHARD K C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612

X

Chairman, CEO and President

### **Signatures**

/s/ Richard K.
Matros
12/20/2016

\*\*Signature of Date

Reporting Person

#### **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 stock units under the Issuer's 2009 Performance Incentive Plan (the "Plan"). The units vest at the rate of 25% on each of
- (1) December 31, 2017, December 31, 2018, December 31, 2019, and December 31, 2020. The vested units will be paid on a one-for-one basis in shares of the Issuer's Common Stock in the 2021 calendar year, subject to earlier payment in the event of separation from service, death, disability or change of control.
- (2) Consists of unvested stock units that, upon vesting, will be paid on a one-for-one basis in shares 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.

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