Edgar Filing: WALTERS MILTON J - Form 4

Form 4										
September 0: FORM	4 UNITED S	STATES		ITIES AI hington,]			NGE	COMMISSION		PPROVAL 3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940								January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type F 1. Name and A WALTERS	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol Sabra Health Care REIT, Inc. [SBRA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	A HEALTH CAR , 18500 VON KA		3. Date of (Month/Da 08/31/20	-	nsaction			X Director Officer (give below)	e title Ott below)	% Owner her (specify
IRVINE, CA	4. If Amendment, Date Original Filed(Month/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 Person				
(City)	(State) (Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution I		n Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l 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)	
Common Stock	08/31/2018			A	184 <u>(1)</u>		\$ 0	25,622 <u>(2)</u>	D	
Common Stock								10,000	I	By Tri-River Capital
Common Stock								10,121	I	By IRA

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

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne
	Security			Acquired (A) or						Follo
				Disposed						Repo Trans
				of (D)						(Instr
				(Instr. 3, 4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
WALTERS MILTON J 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	09/05/	/2018				
<u>**</u> Signature of Reporting Person	Da	ate				

Explanation of Responses:

stock units to which they relate.

- * 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 credited to the reporting person in the form of dividend equivalent payments on stock units previously granted to the reporting person that are outstanding under the Issuer's 2009 Performance Incentive Plan, calculated on the basis of the market value (1) of the Issuer's common stock on the dividend payment date. These units will vest and become payable on the same terms as the original

Includes 4,176 unvested stock units and 5,684 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.