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

Sabra Health Form 4	Care REIT, In	с.										
October 01, 2014 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									т	OMB APPROVAL		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	s box er STATE 5. Filed pr s sue. ction esponses)	EMENT O ursuant to S 7(a) of the 30(h)	Was F CHAN Section 16 Public Uti of the Inv	hington GES IN SECU 5(a) of t ility Hc vestmer	n, I N B RI the oldi nt C	D.C. 205 ENEFI TIES Securiti ng Com Company	549 CIA es Ez pany y Act	L OW xchang Act o c of 19	NERSHIP OF ge Act of 1934, f 1935 or Sectic 40	Number: Expires: Estimated a burden hou response	ırs per 0.5	
Ettl Robert A. Sy Sa				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)			
(Month				Date of Earliest Transaction /onth/Day/Year) 9/30/2014					X Director Officer (give below)	Officer (give title Other (specify		
Filed(Mor				Amendment, Date Original 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 			
IRVINE, CA									Person			
(City)	(State)	(Zip)		I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		Code (Instr. 8	8)	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) c 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	09/30/2014			А		719 <u>(1)</u>	А	\$0	32,478 <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					
r of the second	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	10/01/	/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 September 30, 2019.

Includes 2,017 unvested stock units and 23,961 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.