Edgar Filing: FOSTER MICHAEL J - Form 4

FOSTER MIC Form 4	CHAEL J										
December 17	, 2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
Check this box				hington,	D.C. 205	549			Number:	3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or Form 5 subject to Filed pursuant to 5			Section 16	SECURI (a) of the	TIES Securiti	es Ex	kchang	ge Act of 1934,	Expires: Estimated a burden hou response	2005 average irs per	
may conti <i>See</i> Instru 1(b).	nue.			vestment (•	- ·		f 1935 or Sectio 40	11		
(Print or Type R	esponses)										
			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)			
				e of Earliest Transaction n/Day/Year) /2010				X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)	ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
IRVINE, CA	92612								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i any (Month/Day/Year)		on Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/17/2010			Code V $A^{(1)}$	Amount 2,188	(D) A	Price \$ 0	(Instr. 3 and 4) $22,924 (2)$	D		
Common Stock	12/17/2010			A <u>(3)</u>	1,276	А	\$0	24,200 <u>(2)</u>	D		

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

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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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Ownd Follo Repo Trans (Instr
			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		
FOSTER MICHAEL J C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN, SUITE 550 IRVINE, CA 92612	Х					
Signatures						
/s/Harold W. Andrews, Jr. as Attorney-in-Fact	12/	17/2010				
**Signature of Reporting Person		Date				

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).
- (1) Grant of restricted stock units under the Issuer's 2009 Performance Incentive Plan. The units vest in equal monthly installments beginning January 17, 2011 and ending December 17, 2012.
- (2) Includes the applicable unvested restricted stock units reported on this Form and 8,873 stock units that have vested but the payment of which has been deferred. Each stock unit represents the right to receive one share of the Issuer's Common Stock.
- (3) Grant of restricted stock units under the Issuer's 2009 Performance Incentive Plan. The units vest in equal monthly installments beginning January 17, 2011 and ending on the day before the date of the next annual stockholders' meeting.

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.