## Edgar Filing: WALTERS MILTON J - Form 4

WALTERS N Form 4	AILTON J										
December 17	, 2010										
FORM	4		GEGUD							PPROVAL	
Washington, D.C. 20549						OMB Number:	3235-0287				
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires: January 31 2003 Estimated average burden hours per response 0.3				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> WALTERS MILTON J			2. Issuer Name <b>and</b> Ticker or Trading Symbol Sabra Health Care REIT, Inc. [SBRA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mon				ate of Earliest Transaction nth/Day/Year) 17/2010				_X_Director10% Owner Officer (give titleOther (specify below) below)			
	(Street)	Street) 4. If Amendment, Date Origina Filed(Month/Day/Year)				Applicable Line)			oint/Group Filing(Check Dne Reporting Person		
IRVINE, CA	92612							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)		ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			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	12/17/2010			Code V A(1)	Amount 2,188	(D) A	Price \$ 0	19,117 <u>(2)</u>	D		
Common Stock	12/17/2010			A <u>(3)</u>	1,276	A	\$0	20,393 <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. Transacti Code (Instr. 8)	5. orNumber 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 Owne 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		
WALTERS MILTON 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 14,308 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.