Sabra Health Care REIT, Inc.

Form 4

November 26, 2013

FORM	ЛЛ									0	MB AP	PROVA	٨L
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								ION	OMB Numb	3235-02		-0287	
Check this box									Expire	es:	January 31,		
subject Section	if no longer subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITES								OF	Estimated average burden hours per response 0.			
Form 5 obligati may con See Inst 1(b).	ons ntinue. Section 17((a) of the	Public U		lding Co	mpa	ny Ac	ange Act of 19 t of 1935 or So 1940					
(Print or Type	Responses)												
1. Name and Address of Reporting Person * Nevo-Hacohen Talya			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer					
			Sabra I	Health Ca A]	ire REIT	, Inc	•		(Check	all app	licable)		
(Last) C/O SABR REIT, INC AVENUE,	3. Date of Earliest Transaction (Month/Day/Year) 11/22/2013					Director 10% OwnerX_ Officer (give title Other (specify below) Executive VP, CIO & Treasurer							
	(Street)		4. If Am	nendment, D	Date Origin	nal		6. Individua	l or Joi	nt/Grou	ıp Filing	g(Check	
IRVINE, C	TA 02612			onth/Day/Yea	_			Applicable Li _X_ Form file Form file	ne) ed by Oı	ne Repoi	rting Per	son	
								Person					
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivativ	e Seci	arities .	ies Acquired, Disposed of, or Benefic				y Owne	d
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution		Date, if TransactionAcquired (A) or Code Disposed of (D)))	5. Amount of 6. Securities Owned Beneficially Form Owned Direct Following or Inc Reported (I) Transaction(s) (Instructory 2 and 4)		: et (D) direct	7. Nat Indire Owne (Instr.	ct Benef rship	ficial	
~				Code V		(D)	Price	(Instr. 3 and 4)					
Common Stock	11/22/2013			F	2,116 (1)	D	\$ 0	80,243 (2)	D				
Common Stock								4,000	I		Nevo	009 Br -Haco cable	
Reminder: Re	eport on a separate line	e for each cl	ass of sec	curities bene	eficially ov	vned o	directly	or indirectly.					

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SEC 1474

(9-02)

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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	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	.		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

Nevo-Hacohen Talya C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612

Executive VP, CIO & Treasurer

Signatures

/s/ Harold W. Andrews, Jr., as Attorney-in-Fact

11/26/2013

**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) Represents shares withheld by the Issuer in accordance with Rule 16b-3 to satisfy tax withholding obligations in connection with the vesting of restricted stock units previously granted to the reporting person.
- (2) Includes 22,577 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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