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

Sabra Health Care RH Form 4 March 02, 2017	EIT, Inc.							OMB A			
Check this box if no longer subject to Section 16. Statement of changes in Beneficial ownership of Section 16. Section 16. Se									3235-0287 January 31, 2005 average irs per		
FOSTER MICHAEL J Symbol			ra Health Care REIT, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			nte of Earliest Transaction nth/Day/Year) 28/2017				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				endment, Date Original onth/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	ecurit	ties Aco	quired, Disposed o	of, or Beneficia	lly Owned		
	any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) o 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common 02/28/2 Stock	2017		А	263 <u>(1)</u>	А	\$0	42,333 <u>(2)</u>	D			
Common Stock							23,377	Ι	401(k) Plan		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	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			
FOSTER MICHAEL J C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612	Х						
Signatures							
/s/ Richard K. Matros, as Attorney-in-Fact	03/02/2017	7					
<u>**</u> Signature of Reporting Person	Date						
Evaluation of Decanonace							

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 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 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 stock units to which they relate.

(2) Includes 1,714 unvested stock units and 15,631 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.

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.