Edgar Filing: Barbarosh Craig A. - Form 4

Barbarosh Cra Form 4	aig A.										
September 05	, 2018										
FORM	Δ									PPROVAL	
	Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange						Expires:January 3 200Estimated average burden hours per response0				
obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a) of the F	Public Uti		ing Com	pany	Act o	f 1935 or Sectio	n		
(Print or Type Re	esponses)										
Barbarosh Craig A. Symbol Sabra			Symbol	bra Health Care REIT, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	HEALTH CAR 18500 VON KA	E	3. Date of (Month/Da 08/31/20	-	nsaction			X Director Officer (give below)		b Owner er (specify	
	(Street) 4. If Amen Filed(Mont				e Original			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	I - Non-De	rivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)			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	08/31/2018			Code V A	Amount 184 <u>(1)</u>	(D) A	Price \$ 0	64,182 (<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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Barbarosh Craig A. C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE IRVINE, CA 92612	X						
Signatures							
/s/ Harold Andrews, as Attorney-in-Fact	09/05/2018						
<u>**Signature of Reporting Person</u>	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 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 4,176 unvested stock units and 20,718 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.