Sabra Health Care REIT, Inc. Form 4

June 30, 2015

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

January 31,

Expires: Estimated average

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response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Ettl Robert A.

(Last)

2. Issuer Name and Ticker or Trading

Symbol

Sabra Health Care REIT, Inc.

[SBRA]

3. Date of Earliest Transaction

(Month/Day/Year) 06/30/2015

X_ Director Officer (give title

10% Owner Other (specify

C/O SABRA HEALTH CARE REIT, INC., 18500 VON KARMAN

(First)

AVENUE, SUITE 550

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

IRVINE, CA 92612

(City) (State)

(Month/Day/Year)

(Zip)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed

(Middle)

Code

(Instr. 8)

3.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

TransactionAcquired (A) or

4. Securities

Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities

Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership

(Instr. 4)

(Instr. 4)

Following Reported Transaction(s)

Beneficially

(A) (Instr. 3 and 4)

Common Stock

1.Title of

Security

(Instr. 3)

06/30/2015

Code V Amount (D) 686 ⁽¹⁾ A Α

Price \$0 $43,769^{(2)}$

D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	:		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Ettl Robert A. C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612

X

Signatures

/s/ Richard K. Matros, as Attorney-in-Fact

06/30/2015

Date

**Signature of Reporting Person

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).
- Represents stock units received by the reporting person in lieu of quarterly director fees pursuant to an election under the Issuer's

 Non-Employee Directors Stock-For-Fees Program. The units are fully vested and are payable in an equivalent number of shares of the Issuer's Common Stock on or within sixty (60) days following the earlier of the reporting person's separation from service or June 30, 2020.
- (2) Includes 3,409 unvested stock units and 28,360 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.

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