Edgar Filing: Ettl Robert A. - Form 4

Ettl Robert A. Form 4											
December 04.	, 2017										
FORM	Л									PPROVAL	
	UNITED S		CURITIES Washingto				NGE	COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	uant to Section) of the Public	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, 2005 Estimated average burden hours per response 0.5		
(Print or Type Ro	esponses)										
1. Name and Address of Reporting Person <u>*</u> Ettl Robert A.			2. Issuer Name and Ticker or Trading Symbol Sabra Health Care REIT, Inc. [SBRA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O SABRA HEALTH CARE REIT, INC., 18500 VON KARMAN AVENUE, SUITE 550			3. Date of Earliest Transaction (Month/Day/Year) 11/30/2017					_X_Director10% Owner Officer (give titleOther (specify below) below)			
	(Street) 4. If Amer Filed(Mon				e Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
IRVINE, CA	. 92612							Person		epotting	
(City)	(State) (2	Zip)	Fable I - Non	-De	rivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	ctior	4. Securit Acquired Disposed (Instr. 3, -	(A) c 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)		
Common Stock	11/30/2017		Code A		Amount 119 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 18,841 (2)	D		
Common Stock								44,455	Ι	By The Ettl Family Trust	

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

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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)	3	ate	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
	Reporting Ov	vner Name / Address	s Directo		ationships Dwner O) fficer Other					
Ettl Robe		TH CARE REIT. I	INC.								

IRVINE, CA 92612	
18500 VON KARMAN AVENUE, SUITE 550	11
C/O SABRA HEALTH CARE REIT, INC.	X

Signatures

/s/ Harold Andrews, as	12/04/2017
Attorney-in-Fact	12/04/2017

**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).

Date

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 neumant date. These units will used and heatman much heatman as the arriginal

- (1) 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 2,644 unvested stock units and 16,155 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.