FOSTER MICHAEL J

Reminder: Report on a separate line for each class of

securities beneficially owned directly or indirectly.

Form 5

February 14, 2018

FORM 5								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB Number:	3235-0362		
Check this no longer	subject	vv as	Washington, D.C. 20549					Expires:	January 31, 2005		
to Section Form 4 or 5 obligation may continue	Form ANN		CATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				FICIAL	Estimated average burden hours per response 1			
may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 Transactions Reported 30(h) of the Investment Company Act of 1940 Transactions Reported											
1. Name and A FOSTER M	Address of Reporting F	Person * 2. Issuer Symbol	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) (M	(Month/Γ	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017				X Director Officer (give below)	title 0th below)	6 Owner er (specify		
C/O SABRA HEALTH CARE REIT, INC., 18500 VON KARMAN AVENUE, SUITE 550											
	(Street)		4. If Amendment, Date Original 6. Indi Filed(Month/Day/Year)					idual or Joint/Group Reporting (check applicable line)			
IRVINE, (CAÂ 92612										
							X Form Filed by Form Filed by Person				
(City)	(State)	(Zip) Tabl	e I - Non-Deri	ivative Sec	curities	s Acqu	ired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)		· · ·		
Common Stock	09/13/2017	Â	G	1,566	D	\$0	44,772 (1)	D	Â		
Common Stock	Â	Â	Â	Â	Â	Â	23,377	I	401(k) Plan		

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SEC 2270

(9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						_			or	
						Date	Expiration	Title	Number	
						Exercisable	Date		of	
					(A) (D)				Shares	

Of D So

Is

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
FOSTER MICHAEL J C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612	ÂX	Â	Â	Â		

Signatures

/s/ Harold W. Andrews, Jr., as
Attorney-in-Fact
02/14/2018

**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) Includes 1,889 unvested stock units and 2,647 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 provided 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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