## Edgar Filing: Ettl Robert A. - Form 4

Ettl Robert A Form 4										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	Washington, D.C. 20549							OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or	er <b>STATEM</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005 average urs per . 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type R	esponses)									
1. Name and Ad Ettl Robert A	Symbol	r Name <b>and</b> lealth Care			g	5. Relationship of Reporting Person(s) to Issuer				
		[SBRA]		,			(Check all applicable)			
	HEALTH CARE 18500 VON KAF	(Month/D E 02/28/2	-	nsaction			_X_Director10% Owner Officer (give titleOther (specify below) below)			
	(Street) 4. If Ame Filed(Mon						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
IRVINE, CA							Form filed by More than One Reporting Person			
(City)	(State) (Z	Zip) Tabl	e I - Non-Do	erivative S	lecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			))	Securities Energically Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
			Code V	(A) or Amount (D) Pri		Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	02/28/2018		А	121 (1)	А	\$0	19,212 <u>(2)</u>	D		
Common Stock							45,203	Ι	By The Ettl Family Trust	

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

### Edgar Filing: Ettl Robert A. - Form 4

#### 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)	or Exercise any		Execution Date, if	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 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			
Reporting Owners												
	Reporting Owner Name / Address Direct			<b>Relationships</b> or 10% Owner Officer Other								
18500 VC	RA HEALT	ΓΗ CARE REIT, I AN AVENUE, SU	X									

# Signatures

/s/ Harold Andrews, as Attorney-in-Fact 03/02/2018

\*\*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

- (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) Consists of 1,551 unvested stock units and 17,661 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.