## Edgar Filing: Lewis Raymond J - Form 4

Form 4	ond J										
March 02, 20									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er <b>STATEM</b>		GES IN B SECURI		CIA	LOW	Expires: January 31 2005 Estimated average burden hours per response 0.5				
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	s Section 17(a	) of the l		lity Holdi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectic 40	•		
(Print or Type Ro	esponses)										
S			2. Issuer Name <b>and</b> Ticker or Trading Symbol Sabra Health Care REIT, Inc. [SBRA]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	HEALTH CARI 18500 VON KAI		3. Date of 1 (Month/Da 02/28/20	-	nsaction			X Director Officer (give below)		o Owner er (specify	
				Amendment, Date Original (Month/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
IRVINE, CA	. 92612							Form filed by I Person	More than One Re	eporting	
(City)	(State) (2	Zip)	Table	I - Non-De	erivative S	ecuri	ties Aco	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	Disposed (Instr. 3,	(A) of (D 4 and (A) or	) 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	02/28/2018			Code V A	125 <u>(1)</u>	(D) A	Price \$ 0	246,727 <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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

er

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
FB	Director	10% Owner	Officer	Othe		
Lewis Raymond J C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612	х					
Signatures						
/s/ Harold W. Andrews, Jr., as Attorney-in-Fact	03/02	/2018				
<u>**</u> Signature of Reporting Person	D	ate				

## **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 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 1,915 unvested stock units and 2,876 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.