Edgar Filing: FOSTER MICHAEL J - Form 4

FOSTER MI Form 4 June 21, 2018	8 I Л						COMMISSION	-	PPROVAL	
	UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er 6. Filed purs 18 19 19 19 10 17 17 10 17 10 17 10 17 10 17 10 17 10 17 10 17 10 17 10 10 10 10 10 10 10 10 10 10	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								
(Print or Type R	Responses)									
1. Name and Address of Reporting Person <u>*</u> FOSTER MICHAEL J			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) C/O SABRA REIT, INC., AVENUE, S	(Month E 06/21	3. Date of Earliest Transaction (Month/Day/Year) 06/21/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
IRVINE, CA 92612							Form filed by I Person	More than One R	eporting	
(City)	(State) (A	Zip) Ta	ble I - Non-D	Derivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3,	l (A) o l 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/21/2018		А	4,918 (1)	А	\$0	49,912 <u>(2)</u>	D		
Common Stock							23,377	I	401(k) Plan	

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

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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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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	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	Х						
Signatures							
/s/ Harold W. Andrews, Jr., as Attorney-in-Fact	06/21/	/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).
- (1) Grant of restricted stock units under the Issuer's 2009 Performance Incentive Plan. The units vest in equal monthly installments beginning July 21, 2018 and ending on the earlier of June 20, 2019 or the day before the date of the next annual stockholders' meeting.
- (2) Includes 4,918 unvested stock units and 4,758 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.