## Edgar Filing: ENSIGN GROUP, INC - Form 4

| ENSIGN GR  | OUP, INC                               |       |   |  |              |                |   |  |  |                      |  |
|--|--|-------|---|--|--------------|----------------|---|--|--|----------------------|--|
| Form 4   |  |       |   |  |              |                |   |  |  |                      |  |
| January 19, 2  | 2017                                   |       |   |  |              |                |   |  |  |                      |  |
| FORM   | 1 4                                    |       |   |  |              |                |   |  | OMB AF   | PROVAL               |  |
| <b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549   |  |       |   |  |              |                |   | OMB<br>Number:   | 3235-0287  |                      |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 193<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Sec |  |       |   |  |              | e Act of 1934, | Expires: January 31<br>2005<br>Estimated average<br>burden hours per<br>response 0.5  |  |  |                      |  |
| may conti<br><i>See</i> Instru<br>1(b).  | inue.                                  |       |   | vestment   | •            | · ·            |   |  | 1  |                      |  |
| (Print or Type R   | Responses)                             |       |   |  |              |                |   |  |  |                      |  |
| SMITH BARRY M Symbol   |  |       | Name and                                  |  |              | -              | 5. Relationship of Reporting Person(s) to<br>Issuer   |  |  |                      |  |
|  |  |       |   | Earliest Tr                                      | ansaction    |                | -   | (Check all applicable)   |  |                      |  |
|  | RTA REAL, SU                           |       | (Month/D<br>01/17/20                      | ay/Year)   | ansaction    |                |   | X Director<br>Officer (give t<br>below)  |  | Owner<br>er (specify |  |
|  |  |       | nendment, Date Original<br>onth/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> |  |  |                      |  |
| MISSION V  | TEJO, CA 9269                          | 1     |   |  |              |                |   | Form filed by M<br>Person  |  |                      |  |
| (City)   | (State)                                | (Zip) | Table                                     | e I - Non-D                                      | erivative    | Secur          | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned             |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Dat<br>(Month/Day/Year) |       | Date, if                                  | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | (Instr. 3,   | spose          | d of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                      |  |
| Common<br>Stock  | 01/17/2017                             |       |   | A  | 1,500<br>(1) | A              | \$<br>20.68   | 16,500   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8 | ction<br>C<br>3) I<br>S<br>A<br>(<br>I<br>C<br>C<br>( | 5.<br>tionNumber<br>of<br>) Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |     | Expiration Date<br>(Month/Day/Year) |                    | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|------------------------------------|---|---|-----|-------------------------------------|--------------------|-----------------------|---|---|---|
|   |   |   | Code V                             | V (   | (A)   | (D) | Date<br>Exercisable                 | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
| 1  | Director      | 10% Owner | Officer | Other |  |  |  |  |  |
| SMITH BARRY M<br>27101 PUERTA REAL<br>SUITE 450<br>MISSION VIEJO, CA 92691 | X             |           |         |       |  |  |  |  |  |
| Signatures   |               |           |         |       |  |  |  |  |  |
| /s/ Chad A. Keetch, as power o attorney                                    | f             | 01/19/    | /2017   |       |  |  |  |  |  |
| **Signature of Reporting Person  |               | Dat       | te      |       |  |  |  |  |  |
|  |               |           |         |       |  |  |  |  |  |

## **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) These shares vest in three annual installments beginning January 17, 2017.

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.