Sabra Health Care REIT, Inc.

Form 4

November 25, 2014

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Expires:

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, 2005

0.5

Section 16. Form 4 or Form 5 obligations may continue.

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

**SECURITIES** 

burden hours per response...

Estimated average

See Instruction 1(b).

Common

Stock

11/22/2014

(Print or Type Responses)

| 1. Name and Address of Reporting Person * MATROS RICHARD K |   |               | 2. Issuer Name and Ticker or Trading<br>Symbol<br>Sabra Health Care REIT, Inc.<br>[SBRA] |                                       |                                   |   |                | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)   |  |            |  |
|--|---|---------------|--|---------------------------------------|-----------------------------------|---|----------------|--|--|------------|--|
| REIT, INC  | (Last) (First) (Middle)  C/O SABRA HEALTH CARE REIT, INC., 18500 VON KARMAN AVENUE, SUITE 550 |               |  |                                       | Transaction                       |   |                | X Director 10% Owner Officer (give title Other (specify below)   |  |            |  |
|  | (Street) 4. If An Filed(N   |               |  |                                       | Oate Origina<br>ar)               | ıl  |                | 6. Individual or Joint/Group Filing(Check Applicable Line)   |  |            |  |
| IRVINE, C  |   |               |  |                                       |                                   | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |                |  |  |            |  |
| (City)   | (State)   | (Zip)         | Tab  | le I - Non-                           | Derivative                        | Secur   | rities Acq     | uired, Disposed o  | of, or Benefici  | ally Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)                       | 2. Transaction Da<br>(Month/Day/Year  | Execution any |  | 3.<br>Transacti<br>Code<br>(Instr. 8) | 4. Securit or(A) or Di (Instr. 3, | sposed  | 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. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4) |            |  |
| Common<br>Stock  | 11/22/2014  |               |  | Code V<br>F                           | Amount 20,380 (1)                 | (D)   | Price \$ 27.94 | 162,543  | D  |            |  |
| Common<br>Stock  | 11/22/2014  |               |  | G                                     | 18,838<br>(2)                     | D   | \$ 0           | 143,705 (3)  | D  |            |  |
|  |   |               |  |                                       |                                   |   |                |  |  | By R&A     |  |

18,838

(2)

\$0

737,985

Ι

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

G

Matros

Revocable Trust

#### Edgar Filing: Sabra Health Care REIT, Inc. - Form 4

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.

SEC 1474 (9-02)

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. Title  | and      | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|-----------------|-------------|-----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration Date |             | Amour     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/     | Year)       | Underl    | ying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e               |             | Securit   | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |                 |             | (Instr. : | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |                 |             |           |          |             | Follo  |
|             | •           |                     |                    |            | (A) or     |                 |             |           |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |                 |             |           |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |                 |             |           |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |                 |             |           |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |                 |             |           |          |             |        |
|             |             |                     |                    |            |            |                 |             |           | A        |             |        |
|             |             |                     |                    |            |            |                 |             |           | Amount   |             |        |
|             |             |                     |                    |            |            | Date            | Expiration  |           | or       |             |        |
|             |             |                     |                    |            |            | Exercisable     | Date        |           | Number   |             |        |
|             |             |                     |                    | G 1 W      | (A) (D)    |                 |             |           | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |                 |             |           | Shares   |             |        |

### **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

MATROS RICHARD K C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612

X

Chairman, CEO and President

#### **Signatures**

/s/ Harold W. Andrews, as Attorney-in-Fact

11/24/2014

\*\*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).
- Represents shares withheld by the Issuer in accordance with Rule 16b-3 to satisfy tax withholding obligations in connection with the vesting of restricted stock units previously granted to the reporting person.
- Represents shares of the Issuer's Common Stock received by the reporting person upon the vesting of restricted stock units previously **(2)** granted to the reporting person that have been transferred by the reporting person to the R&A Matros Revocable Trust.
- (3) Consists of unvested stock units that, upon vesting, will be paid on a one-for-one basis in shares 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.

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