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

Sabra Health Care REIT, Inc. Form 4 I

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December 20	0, 2016											
FORM	14		an ann								PPROVAL	
	UNITED	STATES		ITIES A hington				IGE (COMMISSION	OMB Number:	3235-0287	
	Check this box							Expires:	January 31,			
subject to	ection 16. SECURITIES							Estimated a burden hou response	rs per			
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the I		ility Hol	din	g Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Nevo-Hacohen Talya			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
	Sabra Health Care REIT, Inc. [SBRA]						(Check all applicable)					
(M				 Date of Earliest Transaction Month/Day/Year) 					Director 10% Owner Officer (give title Other (specify below) below)			
	, 18500 VON KA		12/16/20	010					Executive	VP, CIO & Tre	asurer	
				f Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
IRVINE, CA	A 92612									fore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-l	Deri	ivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any			1					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
				Code V		Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	12/16/2016			А		.6,055	А	\$0	251,016 (2)	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amo Unde Secu	tele and unt of criying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
I	Reporting Ow	vner Name / Address	s	Relationships							
			Director 10% Owner Officer						C	Other	

Executive VP, CIO & Treasurer

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Nevo-Hacohen Talya C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612

Signatures

/s/ Richard K. Matros, as Attorney-in-Fact 12/20/2016

**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

Grant of stock units under the Issuer's 2009 Performance Incentive Plan (the "Plan"). The units vest at the rate of 25% on each of December 31, 2017, December 31, 2018, December 31, 2019, and December 31, 2020. The vested units will be paid on a one-for-one basis in shares of the Issuer's Common Stock in the 2021 calendar year, subject to earlier payment in the event of separation from service, death, disability or change of control.

(2) Includes 53,061 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.