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

Sabra Health Form 4 August 12, 2	n Care REIT, In 2013	IC.									
OMB APPROVAL											
	UNITE	D STATES	RITIES AND EXCHANGE COMMIS shington, D.C. 20549 NGES IN BENEFICIAL OWNERSHI SECURITIES				OMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4	ger STATI 16.	EMENT O					NERSHIP OF	Expires: Estimated a burden hour response	irs per		
obligatio may con	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										
(Print or Type]	Responses)										
1. Name and Address of Reporting Person *2. IssuBarbarosh Craig A.Symbol							5. Relationship of Reporting Person(s) to Issuer				
			Sabra H [SBRA]	Sabra Health Care REIT, Inc. [SBRA]				(Check all applicable)			
				helow)			Officer (give t	e title Other (specify below)			
			nendment, Date Original Ionth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
IRVINE, C.	A 92612							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D) erivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securin n(A) or Di (Instr. 3, Amount	spose	d 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	08/09/2013			Р	1,000	А	\$ 24.989	23,224 <u>(1)</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)

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. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Barbarosh Craig A. 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	08/12/	/2013					
**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).
- Includes 1,380 unvested stock units and 17,844 stock units that have vested but the payment of which has been deferred. Each stock unit (1) 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.