Edgar Filing: Ettl Robert A. - Form 4

Ettl Robert A

Form 4											
August 09, 20	011										
FORM Check this	k this box						NGE C	COMMISSION		PROVAL 3235-0287 January 31,	
if no long subject to Section 16 Form 4 or Form 5 obligation may conti	5. Filed p	oursuant to S 7(a) of the	SECUR 6(a) of the ility Hold	ITIES e Securit ling Con	ies E 1pany	NERSHIP OF e Act of 1934, 1935 or Section	Estimated average burden hours per response				
See Instru 1(b).	ction	50(II)	of the m	vestment	Compan	y Ac	1 01 194	Ð			
(Print or Type R	esponses)										
Ettl Robert A. Syr			Symbol Sabra H	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)			
	(First) A HEALTH CA 18500 VON F UITE 550		3. Date of (Month/D 08/08/20		ansaction			X Director Officer (give below)		Owner er (specify	
				nendment, Date Original onth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
IRVINE, CA	92612							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose 4 and (A) or	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)	Indirect	
Common Stock	08/08/2011			Р	4,500	А	\$ 11.05	11,896	D <u>(1)</u>		

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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ettl Robert A. C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE, SUITE 550 IRVINE, CA 92612	Х						
Signatures							
/s/Harold W. Andrews as Attorney-in-Fact	08/09/201	1					
** 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).
- (1) Includes 3,753 unvested stock units and 3,643 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.