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WALTERS MILTON J								
Form 4								
March 01, 2013							PPROVAL	
							3235-0287	
							January 31, 2005 average irs per 0.5	
(Print or Type Responses)								
1. Name and Address of Repo WALTERS MILTON J		2. Issuer Name and 7 Symbol Sabra Health Care [SBRA]		ng	5. Relationship o Issuer (Che	f Reporting Per ck all applicable		
(Last) (First) C/O SABRA HEALTH REIT, INC., 18500 VON AVENUE, SUITE 550	CARE	3. Date of Earliest Tra (Month/Day/Year) 02/28/2013	nsaction		X Director Officer (give below)		o Owner er (specify	
(Street)	4. If Amendment, Date Filed(Month/Day/Year)	nendment, Date Original onth/Day/Year)			6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
IRVINE, CA 92612					Form filed by I Person	More than One Re	eporting	
(City) (State)	(Zip)	Table I - Non-De	rivative Secur	ities Ac	quired, Disposed o	of, or Beneficial	lly Owned	
	any	ned 3. n Date, if Transactio Code Day/Year) (Instr. 8) Code V	Disposed of (I (Instr. 3, 4 and (A) or	D) 15)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 02/28/2013 Stock	3	А	120 <u>(1)</u> A	\$0	28,825 <u>(2)</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. Transactic Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(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	Othe		
WALTERS MILTON J 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	03/01/	/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).

Represents stock units credited to the reporting person in the form of dividend equivalent payments on stock units previously granted to the reporting person that are outstanding under the Issuer's 2009 Performance Incentive Plan, calculated on the basis of the market value (1) of the Issuer's common stock on the dividend payment date. These units will vest and become payable on the same terms as the original stock units to which they relate.

Includes 841 unvested stock units and 8,555 stock units that have vested but the payment of which has been deferred. Each stock unit (2) 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.