ENSIGN GROUP, INC

Form 5

February 13, 2015

### **OMB APPROVAL** FORM 5

#### **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per OWNERSHIP OF SECURITIES 5 obligations response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported

1. Name and Address of Reporting Person * Christensen Christopher R.			2. Issuer Name and Ticker or Trading Symbol ENSIGN GROUP, INC [ENSG]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 27101 PUERT	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	(Check an applicable)			
	TA REAL,		(Month/Day/Year) 12/31/2014	X Director 10% OwnerX Officer (give title Other (specify below)  President and CEO			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)			
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### MISSION VIEJO,A CAA 92691

\_X\_ Form Filed by One Reporting Person \_ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tab	le I - Non-De	rivative Se	ecuriti	ies Acq	uired, Disposed	l of, or Benefi	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	l (A) c l of (D	))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	10/31/2014	Â	G	5,000	D	\$ 0	1,055,919	I	By Hobble Creek Investments, LLC (1)
Common Stock	12/17/2014	Â	G	4,000	D	\$ 0	1,051,919	I	By Hobble Creek Investments, LLC (1)

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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.

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# 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. Titl	e and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securi	ities	(Instr. 5)	
		Derivative				Securities		(Inst	(Instr. 3 and	3 and 4)		
		Security				Acquired						
						(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										Amount		
								Expiration Date	Title	or		
										Number		
						(A) (D)				of		
						(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Christensen Christopher R. 27101 PUERTA REAL. SUITE 450

27101 PUERTA REAL, SUITE 450 Â X Â President and CEO Â

MISSION VIEJO, CAÂ 92691

## **Signatures**

/s/ Suzanne Snapper as power of attorney

02/13/2015

\*\*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) Christopher R. Christensen is the sole member of this entity.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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