Edgar Filing: CareTrust REIT, Inc. - Form 4

CareTrust RE	EIT, Inc.												
Form 4													
July 01, 2015	5												
FORM	1									-	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287					
Check this box if no longer subject to STATEMENT OF CHANG										Expires:	January 31,		
				GES IN	GES IN BENEFICIAL OWNE					Estimated a	2005		
				SECURITIES						burden hou	0		
Form 4 or							response	•					
Form 5 obligatior		h						-	ge Act of 1934,				
may conti	Nection			•		•	• •		f 1935 or Sectio	n			
See Instru	iction	30(l	h) of the Inv	vestmen	t C	Company	y Act	of 19	40				
1(b).													
(Print or Type R	(esponses)												
(1 million 1)pe 1	(espended)												
1. Name and A	ddress of Report	ing Person *	2. Issuer	Name an	dТ	icker or '	Fradin	g	5. Relationship of	ip of Reporting Person(s) to			
Kline Jon D Symbol				Ŭ					Issuer				
				areTrust REIT, Inc. [CTRE]									
				Date of Earliest Transaction					(Check all applicable)				
. , . , . ,				fonth/Day/Year)					_X_ Director10% Owner				
905 CALLE	AMANCER,	SUITE	06/29/20	•					Officer (give		er (specify		
300	, ,		00,27,20	,10					below)	below)			
	(Street)		4 If Amer	ndment D)ate	Original			6 Individual or Id	oint/Groun Filiu	19(Check		
· · · · · · · · · · · · · · · · · · ·				If Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 1100(11101	ui, 2 uj, 1 o					_X_ Form filed by (
SAN CLEM	ENTE, CA 92	2673							Form filed by M Person	Aore than One Re	eporting		
(City)	(Stata)	(7:0)											
(City)	(State)	(Zip)	Table	e I - Non-l	Dei	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. D	eemed	3.		4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	,	tion Date, if	TransactionAcquired (A) or						Form: Direct	Indirect		
(Instr. 3)		any (Mont	th/Day/Year)	CodeDisposed of (D)u/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership		
		(-)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
~				Code	V	Amount	(D)	Price	(msu. 5 and 4)				
Common Stock	06/29/2015			А		3,920	А	\$0	8,010	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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	Other				
Kline Jon D 905 CALLE AMANCER SUITE 300 SAN CLEMENTE, CA 92673	Х							
Signatures								
/s/ William M. Wagner, attorney-in-fact		07/01/20)15					
**Signature of Reporting Person		Date						
Evaluation of Responses:								

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).

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.