Edgar Filing: CareTrust REIT, Inc. - Form 4

| CareTrust RE Form 4 | | | | | | | | | | | |
|-----------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|--|
| FORM | ГЛ | STATES | S SECUR | ITIES A | ND EXC | HAN | IGE C | COMMISSION | | PPROVAL 3235-0287 | |
| Check thi if no long subject to | er STATEM | Washington, D.C. 20549 | | | | | | | | | |
| Subject to Section 10 Form 4 or Form 5 | 6. r | SECURITIES | | | | | | | | Estimated average burden hours per response 0.8 | |
| obligatior may conti <i>See</i> Instru 1(b). | inue. Section 17(a | 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 R | Responses) | | | | | | | | | | |
| Wagner William M Symbol | | | Symbol | er Name and Ticker or Trading rust REIT, Inc. [CTRE] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | (liddle) | 3. Date of Earliest Transaction (Check | | | | | k all applicable | all applicable) | | |
| 905 CALLE AMANECER, SUITE (Month/D 300 | | | | n/Day/Year) //2014 | | | | Director 10% Owner X Officer (give title Other (specify below) CFO, Secretary and Treasurer | | | |
| | (Street) 4. If Amer Filed(Mon | | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SAN CLEM | IENTE, CA 9267 | 3 | | | | | | Form filed by M Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year) | | Execution any | Execution Date, if | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Stock, par value \$0.01 per share | 12/17/2014 | | | А | 35,980 | А | \$0 | 35,980 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Unde Secur | int 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 | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|-------------------------------------------------------------------------------|---------------|-----------|------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Wagner William M 905 CALLE AMANECER SUITE 300 SAN CLEMENTE, CA 92673 | | | CFO, Secretary and Treasurer | | | | |
| Signatures | | | | | | | |
| /s/ William M | | | | | | | |

/s/ William M. Wagner 12/19/2014 <u>**</u>Signature of Date Reporting Person

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.