Edgar Filing: CareTrust REIT, Inc. - Form 4

CareTrust RE	EIT, Inc.											
Form 4												
July 01, 2015	5											
FORM	1 4									-	PPROVAL	
	UNITED) STATES		ITIES A hington				IGE (COMMISSION	OMB Number:	3235-0287	
Check thi		J ,							Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNERS				NERSHIP OF		2005 average	
Section 1		SECURITIES							Estimated average burden hours per			
Form 4 or	r									response	•	
Form 5	•							•	e Act of 1934,			
obligatior may conti	Section 17			•	•	-	•		f 1935 or Section	n		
See Instru		30(h)	of the In	vestment	t Comp	ny A	Act	of 194	40			
1(b).												
(Print or Type R	(esponses)											
(I fine of Type I	(esponses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of								Reporting Person(s) to				
Sedgwick David M. Symbo				e				2	Issuer			
				CareTrust REIT, Inc. [CTRE]								
				3. Date of Earliest Transaction					(Check all applicable)			
(Last)	(1 1131)	(winduic)	(Month/D		Tansactic	1			Director	10%	Owner	
905 CALLE	AMANECER,	SUITE	06/29/20	-					Officer (give		er (specify	
300		50112	00/27/20	,15					below)	below)	·:	
									Vice Pres	sident of Opera	tions	
				f Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				d(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
	ENTE CA 026	272							•	fore than One Re		
SAN CLEM	ENTE, CA 926	015							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-l	Derivativ	e Sec	curit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Dee	emed	3.					5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	· ·	on Date, if	Transaction(A) or Disposed of						Form: Direct		
(Instr. 3)		any (Month/	Day/Vaar)	Code (D) (Instr 3 4 and 5)				5	2	` /	Beneficial Ownership	
		(Monul/	(Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)			Following		(Instr. 4)		
							(•)		Reported			
							(A) or		Transaction(s)			
				Code V	/ Amo	nt	(D)	Price	(Instr. 3 and 4)			
Common Stock	06/29/2015			А	42,77	0 4	A	\$0	95,422	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Tit Amou Unde Secur (Instr	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		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Sedgwick David M. 905 CALLE AMANECER SUITE 300 SAN CLEMENTE, CA 92673			Vice President of Operations					
Signatures								
/s/ William M. Wagner, attorney-in-fact	07	/01/2015						
**Signature of Reporting Person		Date						
Explanation of Responses:								

manon or nesponses.

* 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.