Edgar Filing: ENSIGN GROUP, INC - Form 4

ENSIGN GI	ROUP, INC										
Form 4											
August 03, 2	2015										
FORM	1 4 INNT	ар статро	SECUE	ITIES A	ND EV	.	NCEO	OMMISSION		PROVAL	
-	UNIII	LUSIAILS		shington,			NGE C	.01/11/1155101	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no lon subject t		EMENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Iverage	
Section	Section 16.				ITIES				burden hours per		
Form 4 o Form 5		pursuant to	Section 1	6(a) of the	6(a) of the Securities Exchange				response		
obligatio	ons Section	•					•	7 1935 or Section	ı		
may con <i>See</i> Instr	lunue.			vestment	•	· ·			-		
1(b).	uetion				-						
(Drint or Type	D as p onsas)										
(Print or Type	Kesponses)										
1. Name and A	Address of Report	ting Person [*]	2. Issuer	r Name and	Ticker or	Tradir	ıg	5. Relationship of	Reporting Pers	on(s) to	
Keetch Cha	ıd		Symbol					Issuer			
ENSIG				GN GROUP, INC [ENSG]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction					/	
27101 DUE	RTA REAL, S		(Month/D	-				Director X Officer (give		Owner er (specify	
2/101 FUE	LA KEAL, S	SUITE 430	07/30/2	015				below)	below)		
									ve Vice Preside		
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
			rileu(ivioi	nth/Day/Year)			Applicable Line) _X_ Form filed by C	one Reporting Pe	rson	
MISSION Y	VIEJO, CA 92	691						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.	4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Y	n Date, if Transaction(A) or Disposed of (D) Code $(netr. 2.4 erd. 5)$					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(11180.5)		any (Month/l	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Owned	Indirect (I)		
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/30/2015			A <u>(1)</u>	1,800	A	\$	15,217	D		
Stock					,		50.48	- ,			

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)

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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. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date curities (Month/Day/Year) equired) or sposed of) istr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 2 2 ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Options (right to buy)	\$ 50.48	07/30/2015		А	4,500	(2)	07/30/2025	Common Stock	4,500	

Reporting Owners

Reporting Owner Name / Address			Relationships			
L O	Director	10% Owner	Officer	Other		
Keetch Chad 27101 PUERTA REAL SUITE 450 MISSION VIEJO, CA 92691			Executive Vice President			
Signatures						
/s/ Suzanne Snapper as power of attorney		08/03/2015				
<u>**</u> Signature of Reporting Person		Da	te			

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) These shares vest in five equal installments beginning on July 30, 2015

(2) This option vests in five equal annual installments beginning on July 30, 2015

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.

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