Edgar Filing: LUSTIG MATTHEW J - Form 4

LUSTIG MA	ATTHEW J										
Form 4											
April 15, 20											
FORM	14 UNITED	STATES	SECHE	DITIES A	ND EV	יוער	NCEC	OMMISSION		PROVAL	
	UNITED	SIAILS		shington,			NGE C	OMINISSION	OMB Number:	3235-0287	
Check th	is box		v v ci	sinington,	D.C. 2 0	J- T /				January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN	BENEFI	CIA	LOWN	NERSHIP OF	Expires:	2005	
Subject to				SECUR					Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5	m o *						•	e Act of 1934,			
obligatio may cont				•	•	· ·		1935 or Section	ı		
See Instr		30(h) c	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Print or Type l	Responses)										
(I fine of Type I	(tesponses)										
1. Name and A	Address of Reporting	Person [*]	2. Issuer	r Name and	l Ticker or	Tradin	ıg	5. Relationship of	Reporting Pers	on(s) to	
LUSTIG MATTHEW J Symbol				U				Issuer			
				S INC [V	VTR]			(Check all applicable)			
(Last) (First) (Middle) 3. Date of				f Earliest Transaction				(Check all applicable)			
(Month/D			Day/Year)				_X_ Director		Owner		
30 ROCKEFELLER PLAZA 04/12/2			.019				Officer (give title Other (specify below) below)				
			endment, Date Original			6. Individual or Joint/Group Filing(Check					
			nth/Day/Year	-			Applicable Line)				
				1011, 23 a.y. 7 a dai	.)			_X_ Form filed by One Reporting Person			
NEW YOR	K, NY 10020							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)		.		~ •			D (*) U		
(eng)		-		e I - Non-L			-	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, II								
((Month/Day/Year)			(- /	Owned	(D) or	Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					191.97		\$	34,688.735			
Stock	04/12/2019			А	(1) (1)	А	¢ 62.03	(2)	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)

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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)	4. Transact Code (Instr. 8)	tionNumber H of (Expiration Date (Month/Day/Year)		Unde Secur	unt of rlying	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							
I O	Director	10% Owner	Officer	Other				
LUSTIG MATTHEW J 30 ROCKEFELLER PLAZA NEW YORK, NY 10020	Х							
Signatures								
Matthew J. Lustig, By: T. Rich Attorney-In-Fact	ard Riney	Ζ,		04/15/201				

**Signature of Reporting Person

Date

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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).

Common stock in the form of units granted under the Ventas Nonemployee Directors' Deferred Stock Compensation Plan (the "Plan") as (1) a result of dividend equivalents credited with respect to the dividend on Issuer's common stock paid on April 12, 2019. Such units are payable solely in common stock and subject to the terms and conditions of the director's deferral election and the Plan.

(2) As of April 12, 2019, Reporting Person owns options to purchase an aggregate of 9,731 shares of Issuer's common stock.

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.