

## **ENSIGN GROUP, INC**

# Reported by **PORT BARRY**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 08/01/17 for the Period Ending 07/28/17

Address 27101 PUERTA REAL, SUITE 450

MISSION VIEJO, CA 92691

Telephone (949) 487-9500

CIK 0001125376

Symbol ENSG

SIC Code 8051 - Skilled Nursing Care Facilities

Industry Healthcare Facilities & Services

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Port Barry					E	ENSIGN GROUP, INC [ ENSG ]												
(Last)	(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner  X Officer (give title below) Other (specify below)					
27101 PUERTA REAL, SUITE 450						7/28/2017							Vice President					
(Street)					4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)						
MISSION VIEJO, CA 92691 (City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table	e I - No	n-De	rivati	ive Sec	urities Ac	qui	red, Di	sposed o	of, or	Ben	eficially Owne	d			_
1.Title of Security (Instr. 3)  2. Trans. D  Common Stock 7/28/201				ate 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		Disposed	arrities Acquired (A) or sed of (D) 3, 4 and 5)  (A) or		F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Benefit Direct (D) Owner	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			017			Code S	V	Amount 346 (1)	(D) <b>D</b>	Price \$22.354	-	125296			4) <b>D</b>			
	Tabl	le II - Der	rivativ	e Secu	rities	Bene	ficially	Owned (	e.g.		calls, w	arrar	nts, o	options, conve	rtible sec	urities)		
,		Date Ex	Execut				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			ities I	Underlying Security	Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	te ercisable	Expiration Date	Title	Amo	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

(1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on June 11, 2014.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Port Barry								
27101 PUERTA REAL, SUITE 450			Vice President					
MISSION VIEJO, CA 92691								

#### **Signatures**

/s/ Chad A. Keetch, as power of attorney	8/1/2017		
**Signature of Reporting Person	Date		

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

- \* 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.

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.