

## AMERICAN HEALTHCARE REIT, INC.

# Reported by **HURLEY DIANNE**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 06/16/23 for the Period Ending 06/15/23

Address 18191 VON KARMAN AVENUE

SUITE 300

IRVINE, CA, 92612

Telephone 949-270-9200

CIK 0001632970

Symbol AHRT

SIC Code 6798 - Real Estate Investment Trusts

Industry Specialized REITs

Sector Financials

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. I	9 7							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hurley Dianne					American Healthcare REIT, Inc. [ NONE								X_ Director	ŕ	10%	6 Owner		
				3 T	3. Date of Earliest Transaction (MM/DD/YYYY)								Officer (give title below) Other (specify below)					
(Last) (First) (Middle)					5. Date of Earliest Hallsaction (MM/DD/YYYY)									/	(-1 )	,		
C/O AMERICAN HEALTHCARE REIT, INC., 18191 VON KARMAN AVE., STE. 300					6/15/2023													
(Street)				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual o	r Joint/Gi	roup Filing	(Check Appl	icable Line)		
IRVINE, CA 92612												X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rul	Rule 10b5-1(c) Transaction Indication													
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												en plan	
			Table I - I	Non-Der	ivativ				ed, Dis	posed o	f, or	Bene	eficially Owne	d				
1. Title of Security (Instr. 3)			rans. Date	2A. Deemed Execution Date, if any 3. Trans. Co. (Instr. 8)			or Disposed of (D)			Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			Ownership of Indire Form: Benefici Direct (D) Ownersh	Beneficial Ownership				
						Code	V	Amou	(A) or (D)			(I)				Instr. (Instr. 4)		
Class T Common Stock 6/15/20:				/15/2023			A		3,025	<u>1)</u> A	5	60			17,385 (2)	D		
	Tab	le II - Der	ivative Se	curities l	Benefi	icially	Owned ( <i>e</i>	e.g.,	puts, o	alls, wa	rran	ts, oj	ptions, conver	tible secu	ırities)			
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any	4. Trans. (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and A Securities U Derivative S (Instr. 3 and		Underlying Security d 4)	erlying urity Derivative Security (Instr. 5)			Beneficial		
				Code	V	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Share	ount or Number of es		Transaction(s) (Instr. 4)	(I) (Instr. 4)		

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

- (1) Upon her re-election as an independent director to the board of directors of the Issuer on June 15, 2023, the Reporting Person was granted 3,025 shares of restricted Class T common stock on June 15, 2023. The shares of restricted Class T common stock vest on June 15, 2024.
- (2) The number of shares reported in this Form 4 accounts for the one-for-four reverse stock split effected by the Issuer on November 15, 2022.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Hurley Dianne									
C/O AMERICAN HEALTHCARE REIT, INC.	X								
18191 VON KARMAN AVE., STE. 300	11								
IRVINE, CA 92612									

#### **Signatures**

/s/ DIANNE HURLEY 6/16/2023

\*\*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.