

AMERICAN HEALTHCARE REIT, INC.

Reported by
HANSON JEFFREY T

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/11/17 for the Period Ending 09/07/17

| | |
|-------------|---|
| Address | 18191 VON KARMAN AVENUE SUITE 300 IRVINE, CA, 92612 |
| Telephone | 949-270-9200 |
| CIK | 0001632970 |
| Symbol | AHRT |
| Fiscal Year | 12/31 |

FORM 4

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

OMB APPROVAL
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Form 5 obligations may
continue. See Instruction 1(b).

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. Issuer Name and Ticker or Trading Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | |
| Hanson Jeffrey T | | Griffin-American Healthcare REIT IV, Inc. [NONE] | | <input checked="" type="checkbox"/> Director _____ 10% Owner | |
| (Last) (First) (Middle) | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) | |
| C/O GRIFFIN-AMERICAN HEALTHCARE REIT IV,, INC., 18191 VON KARMAN AVE., STE. 300 | | 9/7/2017 | | CEO & Chairman of the Board | |
| (Street) | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | |
| IRVINE, CA 92612 | | | | <input checked="" type="checkbox"/> Form filed by One Reporting Person | |
| (City) (State) (Zip) | | | | <input type="checkbox"/> Form filed by More than One Reporting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|------------------------------------|----------------|---|------------------------------|---|---|---------------|--------|---|---|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Class I Common Stock | 9/7/2017 | | P | | 1259 (1) | A | \$9.21 | 18659 | I | By Jeffrey T Hanson and April L Hanson Family Rev Trust DTD 06/14/2005 (2) |
| Class T Common Stock | | | | | | | | 2188 | D | |
| Class T Common Stock | | | | | | | | 20206 | I | By Jeffrey T Hanson and April L Hanson Family Rev Trust DTD 06/14/2005 (3) |
| Class T Common Stock | | | | | | | | 1458 | I | By April Hanson IRA (4) |
| Class T Common Stock | | | | | | | | 2917 | I | By Crescentridge Inc 401K Plan (5) |
| Class T Common Stock | | | | | | | | 19479 | I | By JTH Holdings LLC DBPP (6) |
| Class T Common Stock | | | | | | | | 20833 | I | By Griffin- American Healthcare REIT IV Advisor, LLC (7) |

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|-------------------|---|------------------------------|---|--|-----|--|--------------------|--|-------------------------------|---|--|---|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

- (1) The reported shares of Class I common stock were acquired at \$9.21 per share by Mr. Hanson pursuant to an Executive Stock Purchase Plan between Mr. Hanson and the Issuer, entered into on 12/30/2016.
- (2) The reported shares of Class I common stock are held directly by Jeffrey T Hanson and April L Hanson Family Rev Trust DTD 06/14/2005, and indirectly by Mr. Hanson and April L Hanson, Trustees.
- (3) The reported shares of Class T common stock are held directly by Jeffrey T Hanson and April L Hanson Family Rev Trust DTD 06/14/2005, and indirectly by Mr. Hanson and April L Hanson, Trustees.
- (4) The reported shares of Class T common stock are owned by April Hanson through her investment retirement account. April Hanson is the wife of the reporting person.
- (5) The reported shares of Class T common stock are owned by Mr. Hanson through his 401(k) plan.
- (6) The reported shares of Class T common stock are held directly in a defined benefit pension plan, of which Mr. Hanson serves as Trustee.
- (7) The reported shares of Class T common stock are owned by Griffin-American Healthcare REIT IV Advisor, LLC ("GAHRIV Advisor"). Mr. Hanson serves as a managing director of American Healthcare Investors, LLC, the managing member of GAHRIV Advisor, and as such, may be deemed to be the beneficial owner of such common stock. Mr. Hanson disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|--|-------|
| | Director | 10% Owner | Officer | Other |
| Hanson Jeffrey T C/O GRIFFIN-AMERICAN HEALTHCARE REIT IV, INC., 18191 VON KARMAN AVE., STE. 300 IRVINE, CA 92612 | X | | CEO & Chairman of the Board | |

Signatures

/s/ JEFFREY T. HANSON

9/11/2017

**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.

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