

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2009-01-26** | Period of Report: **2009-01-22**
SEC Accession No. **0001417545-09-000003**

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REPORTING OWNER

Christensen Carol M.

CIK: **1417549**

Type: **4** | Act: **34** | File No.: **001-33757** | Film No.: **09546279**

Mailing Address

27101 PUERTA REAL, SUITE
450
MISSION VIEJO CA 92691

Business Address

949-487-9500

Christensen Roy E

CIK: **1417545**

Type: **4** | Act: **34** | File No.: **001-33757** | Film No.: **09546281**

Mailing Address

27101 PUERTA REAL, SUITE
450
MISSION VIEJO CA 92691

Business Address

949-487-9500

ISSUER

ENSIGN GROUP, INC

CIK: **1125376** | IRS No.: **330861263**

SIC: **8051** Skilled nursing care facilities

Mailing Address

27101 PUERTA REAL, SUITE
450
MISSION VIEJO CA 92691

Business Address

27101 PUERTA REAL, SUITE
450
MISSION VIEJO CA 92691
(949) 487-9500

Christensen Family Trust dated 8/17/92

CIK: **1417547**

Type: **4** | Act: **34** | File No.: **001-33757** | Film No.: **09546280**

Mailing Address

27101 PUERTA REAL, SUITE
450
MISSION VIEJO CA 92691

Business Address

27101 PUERTA REAL, SUITE
450
MISSION VIEJO CA 92691
949-487-9500

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person Christensen Roy E			2. Issuer Name and Ticker or Trading Symbol ENSIGN GROUP, INC [ENSG]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chairman of the Board		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/22/2009					
27101 PUERTA REAL, SUITE 450			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing (Check applicable line) <input type="checkbox"/> Form Filed by One Reporting Person <input checked="" type="checkbox"/> Form Filed by More than One Reporting Person		
(Street) MISSION VIEJO, CA 92691								
(City)	(State)	(Zip)						

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction 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			
Common Stock	01/22/2009		S	(1)	11,668	D	\$16.5 (2)	3,388,883	I (3)	Christensen Family Trust Dated 8/17/92
Common Stock	01/23/2009		S	(1)	3,332	D	\$16.5	3,385,551	I (3)	Christensen Family Trust Dated 8/17/92
Common Stock	01/26/2009		S	(1)	20	D	\$17.5	3,385,531	I (3)	Christensen Family Trust Dated 8/17/92

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

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. Transaction 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 (Month/Day/Year)		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		Date Exercisable	Expiration Date					

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Christensen Roy E 27101 PUERTA REAL, SUITE 450 MISSION VIEJO, CA 92691	X	X	Chairman of the Board	
Christensen Family Trust dated 8/17/92 27101 PUERTA REAL, SUITE 450 MISSION VIEJO, CA 92691		X		
Christensen Carol M. 27101 PUERTA REAL, SUITE 450 MISSION VIEJO, CA 92691		X		

Explanation of Responses:

- The sales reported in this Form 4 were effected pursuant to a Rule 10b5(1) trading plan adopted by the reporting person on November 7, 2008.
- This transaction consists of a sale of 891 shares at \$16.54 and 100 shares at \$16.53 and 100 shares at \$16.52 and 10,577 shares at \$16.50. The price above reflects the weighted average sale price.
- These shares are directly owned by the Christensen Family Trust Dated 8/17/92, as ten percent owner of the issuer, and indirectly by Roy E. Christensen and Carol M. Christensen as trustees of the trust. Roy E. Christensen is a director, officer and ten percent owner of the issuer. Carol M. Christensen is a ten percent owner of the issuer.

Signatures

[Daniel H. Walker, as attorney-in-fact for Roy E. Christensen](#)

[01/26/2009](#)

[Daniel H. Walker, as attorney-in-fact for Christensen Family Trust Dated 8/17/92](#)

[01/26/2009](#)

[Daniel H. Walker, as attorney-in-fact for Carol M. Christensen](#)

[01/26/2009](#)

** 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 Number.