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EPR PROPI	ERTIES									
Form 4										
May 16, 201								0145.4		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								NT	PPROVAL	
Washington, D.C. 20549								N OMB Number:	3235-0287	
Check this box								Expires:	January 31,	
if no longer subject toSTATEMENT OF CHANGES IN BENEFICIAL OW Section 16.Form 4 or Form 5Filed pursuant to Section 16(a) of the Securities Exchange							Estimated burden hou response	Estimated average burden hours per response 0.5		
obligatic may con <i>See</i> Instr 1(b).	ntinue. Section 17(•	•	mpany Act ny Act of 1	of 1935 or Secti 940	on		
(Print or Type	Responses)									
1. Name and A NEWMAN		2. Issuer Name and Ticker or Trading Symbol EPR PROPERTIES [EPR]			-	5. Relationship of Reporting Person(s) to Issuer				
			3. Date of Earliest Transaction				(Check all applicable)			
(Last) (First) (Middle) 3. Date of Earli (Month/Day/Ye					X_ Director			109	% Owner	
	IER ATION, 2800 EEK PARKWAY		05/15/2	•			Officer (giv below)	ve title Oth below)	ner (specify	
F				4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
KANSAS (CITY, MO 64117	-2551					Person	More than one R	oporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D)	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)	
Pamindar: Pa	port on a separate line	a for each cla	uss of sec	urities bene		ned directly	or indirectly			
Kenninder, Ke	port on a separate mit			unites bene	Perso inform requir	ons who res nation cont red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible :	Beneficially Owner securities)	d		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Derivative8. F
Derivative1. Title of
Derivative2.3. Transaction Date4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Derivative8. F
Derivative

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) (In				Sec (Ins
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units (1)	<u>(1)</u>	05/15/2014		А	1,815	(2)	(2)	Common Shares of Beneficial Interest	1,815	
Restricted Share Units	(3)	05/15/2014		А	1,396	<u>(2)</u>	<u>(2)</u>	Common Shares of Beneficial Interest	1,396	

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
NEWMAN JACK A JR C/O CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117-255							
Signatures							
/s/ Jack A. Newman, Jr.	15/2014						

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Restricted Share Units were issued to Reporting Person in lieu of the Reporting Person's Annual Trustee Retainer Fee. Each Restricted (1)Share Unit represents a contingent right to receive one common share of beneficial interest.
- (2) All shares are payable upon termination of service.
- Restricted Share Units were issued to the Reporting Person pursuant to the Company's Equity Incentive Plan. Each Restricted Share Unit (3)represents a contingent right to receive one common share of beneficial interest.

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.