HEALTH CARE REIT INC /DE/

Form 4

December 27, 2011

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

OMB

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OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

Form 4 or

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(b).

(Print or Type Responses)

12/23/2011

12/23/2011

Stock

Stock

Common

1. Name and Address of Reporting Person Nungester Paul D Jr (Last) (First) (Middle) 4500 DORR STREET (Street) TOLEDO, OH 43615 (City) (State) (Zip)			Symbol HEAL	2. Issuer Name and Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ [HCN]			s	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			(Month	12/23/2011 4. If Amendment, Date Original Filed(Month/Day/Year)				Director 10% Owner Officer (give titleX Other (specify below) below) Principal Accounting Officer 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person Person			
			(7:n)								
	(City)	(State)	(Zip) Ta	ole I - Non-De	erivative	Secui	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code ((Instr. 8)		ed of		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)	
	Common	12/23/2011		M	2 5 1 1	٨	¢ 27	10.707	D		

2,544

2,544

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

M

S

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19,797

17,253

D

D

\$ 37

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

1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f 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 Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Buy)	\$ 37	12/23/2011	M	2,544	01/15/2010(1)	01/29/2019	Common	6,357 (1)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Nungester Paul D Jr 4500 DORR STREET TOLEDO, OH 43615

Principal Accounting Officer

Date

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Paul D.

Nungester, Jr. 12/27/2011

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- Options for the purchase of 6,357 shares of common stock at \$37.00 per share were granted to Mr. Nungester on January 29, 2009, which grant has previously been reported. Options for the purchase of 1,272 shares vested on January 15 of each of 2010 and 2011 and options for the purchase of 1,271 shares will vest on January 15 of each of 2012, 2013 and 2014.
- (2) The options were granted under the Health Care REIT, Inc. 2005 Long-Term Incentive Plan and had no acquisition price.

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.

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