CHAPMAN GEORGE L

Form 4 April 02, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5

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

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

(Print or Type Responses)

Stock

1. Name and Address of Reporting Person * CHAPMAN GEORGE L			2. Issuer Name and Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ [HCN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	, ,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner Other (specify below)			
4500 DORR STREET			04/01/2013					Chairman, CEO and President			
	(Street)		4. If Am	endment, D	ate Origina	ıl		6. Individual or Join	nt/Group Filin	g(Check	
	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
TOLEDO,	OH 43615							Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secui	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)	(Instr. 4)		
Common Stock	04/01/2013			M	12,013	A	\$ 37	291,477.3487	D		
Common Stock	04/01/2013			S <u>(1)</u>	21,001	D	\$ 67.69	270,476.3487	D		
Common								6,822	I	IRA (2)	

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

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SEC 1474

(9-02)

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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 Security (Instr. 3)		2. Conversion or Exercise Price of Derivative Security	cise f ive	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying	7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number	

M

36,732

(3)

12,013 01/15/2013(3) 01/29/2019 Common

Reporting Owners

\$ 37

04/01/2013

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHAPMAN GEORGE L 4500 DORR STREET TOLEDO, OH 43615	X		Chairman, CEO and President				

Signatures

Option

Buy)

(Right to

By: Erin C. Ibele Attorney-in-Fact For: George L.
Chapman

04/02/2013

**Signature of Reporting Person Date

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).
- (1) The shares covered by this Form 4 have been sold pursuant to a Rule 10b5-1 Sales Plan dated March 5, 2013, which is intended to comply with Rule 10b5-1.
- (2) George L. Chapman III IRA FCC as Custodian.
- Options for the purchase of 84,820 shares of common stock at \$37.00 per share were granted to Mr. Chapman on January 29, 2009, which grant has been previously reported. The partial exercise of these options for the purchase of 48,088 shares have been previously reported. Of the remaining options, options for the purchase of 16,948 shares vested on January 15, 2013 and options for the purchase of 19,784 shares will vest on January 15, 2014.
- (4) 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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