ESTES SCOTT A Form 4

FORM 4

April 08, 2013

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31,

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading

Form 5 obligations may continue. See Instruction See Instruction 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).

Common

Common

Stock

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

04/05/2013

04/05/2013

ESTES SCOTT A			Symbol HEALTH CARE REIT INC /DE/ [HCN]]	Issuer (Check all applicable)			
	(Last) 4500 DOR	, , ,	Middle)		of Earliest T Day/Year) 2013	ransaction		_	Director 10% Owner Officer (give title Other (specify below) EVP and CFO		
		(Street)			endment, D onth/Day/Yea	Č	al	1	6. Individual or Joi Applicable Line) _X_ Form filed by Or	ne Reporting Pe	rson
TOLEDO, OH 43615 (City) (State) (Zip)							I	Form filed by More than One Reporting Person			
	(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securi	ties Acqui	ired, Disposed of,	or Beneficial	ly Owned
	1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securit	ies Acq	uired (A)	5. Amount of	6.	7. Nature of
	Security	(Month/Day/Year)	Execution	Date, if	Transactio	or Dispos	sed of (I	D)	Securities	Ownership	Indirect
	(Instr. 3)		any		Code	(Instr. 3,	4 and 5))	Beneficially	Form:	Beneficial
			(Month/D	ay/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
									Following	or Indirect	(Instr. 4)
							(A)		Reported Transaction(s)	(I) (Instr. 4)	
							or		(Instr. 3 and 4)	(111501. 1)	
					Code V	Amount	(D)	Price	(

1,718

1,718

A

\$ 45.73

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

M

 $S^{(1)}$

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SEC 1474

(9-02)

94,531

92,813

D

D

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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	3. Transaction Date (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) 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)	\$ 45.73	04/05/2013	M	1,718	01/15/2008(2)	01/22/2017	Common	6,805 (2)

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

ESTES SCOTT A 4500 DORR STREET TOLEDO, OH 43615

EVP and CFO

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Scott A. Estes

04/08/2013

**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 coverd by this Form 4 have been sold pursuant to a Rule 10b5-1 Sales Plan dated March 22, 2013.
- Options for the purchase of 6,805 shares of common stock at \$45.73 per share were granted to Mr. Estes on January 22, 2007, which grant has previously been reported. Options for the purchase of 1,362 shares vested on January 15 of each of 2008 and 2009, options for the purchase of 1,361 shares vested on January 15, 2010 and options for the purchase of 1,360 shares vested on January 15 of each of 2011 and 2012.
- (3) 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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