CHAPMAN GEORGE L

Form 4

February 06, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31,

2005

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or

Check this box

SECURITIES 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

may continue.

See Instruction

1(b).

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person * CHAPMAN GEORGE L

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

HEALTH CARE REIT INC /DE/

[HCN]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

_X__ Director 10% Owner X_ Officer (give title Other (specify

02/04/2013

below) Chairman, CEO and President

(Street) 4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

TOLEDO, OH 43615

4500 DORR STREET

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (T) (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

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(Month/Day/Year)

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

1. Title of Derivative

Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and Expiration

7. Title and Amou Underlying Securi (Instr. 3 and 4)

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(Month/Day/Year) (Instr. 8) Acquired (A)

or Disposed of

Am

32.

Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Exercisable Expiration Date or Nur of S Common $\$ 0 \frac{(1)}{2}$ 01/31/2014(1) 01/31/2014(1) Common 02/04/2013 Α 32,160 Stock

Reporting Owners

Price of

Derivative

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

Signatures

(Instr. 3)

By: Erin C. Ibele Attorney-in-Fact For: George L. 02/06/2013 Chapman

> **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).
- These shares are performance shares awarded to Mr. Chapman and will entitle him to receive shares of common stock and corresponding dividends if he is employed by the Company at December 31, 2013 and if a performance hurdle is achieved. The performance shares are neither equity securities nor derivative securities as defined by the Commission for purposes of the Form and, accordingly, are not reported separately herein.
- These performance shares were granted without cash consideration on February 4, 2013 under the Amended and Restated Health care (2) REIT, Inc. 2005 Long-Term Incentive Plan. These performance shares vest in one installment with 32,160 shares vesting on January 31, 2014.

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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