#### CHAPMAN GEORGE L

Form 5

February 13, 2013

# FORM 5 UNITED STATES SECURITIES AND EVOLANCE COMMISSION OMB

Check this box if no longer subject Washington, D.C. 20549

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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Number:

3235-0362

January 31,

Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Sorm 4 30(h) of the Investment Company Act of 1940

Form 4 Transactions

Transactions Reported

1. Name and Address of Reporting Person * CHAPMAN GEORGE L			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ [HCN]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 4500 DORR	(First) STREET	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012	X Director 10% Owner Other (specify below) below)  Chairman, CEO and President			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting  (check applicable line)			
TOLEDO,Â	OHÂ 43615			Y Form Filed by One Reporting Person			

\_X\_ Form Filed by One Reporting Person
\_\_\_ Form Filed by More than One Reporting
Person

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Be						eneficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/21/2012	Â	J <u>(1)</u>	29.6642	A	\$ 55.4935	288,363.245	D	Â	
Common Stock	05/21/2012	Â	<u>J(1)</u>	30.6337	A	\$ 54.4537	288,393.8787	D	Â	
Common Stock	08/20/2012	Â	<u>J(1)</u>	28.896	A	\$ 58.5129	288,422.7747	D	Â	
Common Stock	11/20/2012	Â	<u>J(1)</u>	29.574	A	\$ 57.8945	288,452.3487	D	Â	
	Â	Â	Â	Â	Â	Â	6,822	I	IRA (2)	

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Common Stock

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Da	ate	Amoun	t of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	ies	(Instr. 5)	
	Derivative				Securities			(Instr. 3	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
								,	Amount		
									Amount or		
						Date	Expiration		Number		
						Exercisable	Date		of		
					(A) (D)				Shares		
					(A) (D)				onares		

Deletionship

## **Reporting Owners**

Reporting Owner Name / Address	Keiauonsnips					
	Director	10% Owner	Officer	Othe		
CHAPMAN GEORGE L 4500 DORR STREET TOLEDO, OH 43615	ÂX	Â	Chairman, CEO and President	Â		

## **Signatures**

By: Erin C. Ibele Attorney-in-Fact For: George L. Chapman 02/13/2013

\*\*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) Dividend Reinvestment under the Third Amended and Restated Dividend Reinvestment and Stock Purchase Plan.
- (2) George L. Chapman III IRA FCC as Custodian.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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