Brinker Scott M Form 4 March 04, 2013

## FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

1(b).

Stock

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Brinker Scott M			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)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013			Director 10% Owner Officer (give title Other (specify below) EVP - Investments					
F				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting		
TOLEDO, OH 43615								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	<b>D</b> erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution I any (Month/Day		on Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price			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 Stock	03/01/2013			M	900	A	\$ 45.73	48,175	D		
Common	03/01/2013			S	900	D	\$ 64	47,275	D		

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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 (Righit to Buy)	\$ 45.73	03/01/2013		M	900	01/15/2008(1)	01/22/2017	Common	2,698 (1)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

Brinker Scott M 4500 DORR STREET

**EVP** - Investments

# **Signatures**

**TOLEDO, OH 43615** 

By: Erin C. Ibele Attorney-in-Fact For: Scott M. Brinker

03/04/2013

\*\*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).
- Options for the purchase of 3,609 shares of common stock at \$45.73 per share were granted to Mr. Brinker on January 22, 2007, which grant has been previously reported. The partial exercise of these options for the purchase of 911 shares has previously been reported. Of the remaining options, options for the purchase of 540 shares vested on January 15 of each of 2008, 2009 and 2010 and options for the purchase of 539 shares vested on January 15 of each of 2011 and 2012.
- (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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