HEALTH CARE REIT INC /DE/

Form 4

October 18, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. 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

See Instruction 30(n)

10/17/2013

Stock

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Miller Jeffrey H			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) 4500 DORI	(First) (M	3. Date of Earliest Transaction (Month/Day/Year) 10/17/2013					Director 10% Owner X_ Officer (give title Other (specify below) below) EVP-Operations & Gen. Counsel				
TOLEDO,	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 Person					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution any (Month/E				4. Securities Acquired or(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or 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)		
Common Stock	10/17/2013			M	756	A	\$ 45.73	85,095	D		
Common	10/17/2013			c (1)	1 156	D	¢ 65	82 020	D		

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

 $S^{(1)}$

1,156 D

\$ 65

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SEC 1474

(9-02)

D

83,939

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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 of Derivative Securities 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	10/17/2013		M	756	01/15/2008(2)	01/22/2017	Common	6,805 (2)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Miller Jeffrey H 4500 DORR STREET TOLEDO, OH 43615

EVP-Operations & Gen. Counsel

Signatures

2011 and 2012.

By: Erin C. Ibele Attorney-in-Fact For: Jeffrey H.

Miller

10/18/2013

**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 of a Rule 10b5-1 Sales Plan dated September 18, 2013.
- Options for the purchase of 6,805 shares of common stock at \$45.73 per share were granted to Mr. Miller 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
- (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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