## Edgar Filing: HEALTH CARE REIT INC /DE/ - Form 4

HEALTH CA Form 4 June 26, 2014	ARE REIT INC /	DE/								
FORM	1							-	PPROVAL	
	UNITED	STATES		RITIES . ashingtor			E COMMISSIO	N OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or	er <b>STATEN</b> 6.								January 31, 2005 average urs per . 0.5	
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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 19400.5										
(Print or Type R	lesponses)									
1. Name and Address of Reporting Person <u>*</u> MEYERS GEOFFREY G			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTH CARE REIT INC /DE/				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[HCN]				(Check an applicable)			
	(First) () TH CARE REIT, DORR STREET	(Month/Day/Year) ARE REIT, 06/24/2014				X_ Director Officer (giv below)		% Owner her (specify		
(Street) 4. If Amendment, Da Filed(Month/Day/Year) TOLEDO, OH 43615				-						
(City)	(State)	(Zip)	Tab	ole I - Non-	.Derivative	Securities A	Acquired, Disposed	of or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	ties l (A) or l of (D)	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	
Reminder: Repo	ort on a separate line	for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly			
					Perso infor requi	ons who res nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	Beneficially Owner securities)	d		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and Expiration	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year	Month/Day/Year) (Instr.		4)
				Code V	(A) (	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units	\$ 0 <u>(1)</u>	06/24/2014		А	785		06/24/2015 <u>(1)</u>	06/24/2017 <u>(1)</u>	Common	785 <u>(1)</u>

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MEYERS GEOFFREY G C/O HEALTH CARE REIT, INC. 4500 DORR STREET TOLEDO, OH 43615	Х						
Signatures							
By: Erin C. Ibele Attorney-in-Fact I Meyers	frey G.		06/26/2014				
<u>**</u> Signature of Reporting Pe			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 deferred stock units were granted without cash consideration on June 24, 2014 under the Amended and Restated Health Care REIT, Inc. 2005 Long-Term Incentive Plan. Each deferred stock unit represents a right to receive one share of common stock of Health Care

- (1) REIT, Inc. at the time of vesting of the unit. These deferred stock unit represents a right to receive one share of common stock of realth care REIT, Inc. at the time of vesting of the unit. These deferred stock units vest in three installments, with 262 units vesting on June 24 of each of 2015 and 2016 and 261 units vesting on June 24, 2017.
- (2) Includes (i) 785 deferred stock units granted on June 24, 2014, with 262 units vesting on June 24 of each of 2015 and 2016 and 261 units vesting on June 24, 2017.

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.