HEALTH CARE REIT INC /DE/

Form 4 July 16, 2014

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 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

Estimated average

5 D 1 (* 1 * CD - (* D - () (

See Instruction

1(b).

Common

Common

Stock

Stock

07/15/2014

07/15/2014

(Print or Type Responses)

1 Name and Address of Departing D

1. Name and Address of Reporting Person _ IBELE ERIN C			Symbo	LTH CARE REIT INC /DE/	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(Last) 4500 DORI		(Mont) 07/15	e of Earliest Transaction h/Day/Year) 5/2014	Director 10% Owner _X_ Officer (give title Other (specify below) Sr. VP-Admin. & Corp. Secy.			
	TOLEDO,	(Street) OH 43615		amendment, Date Original 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) T	able I - Non-Derivative Securities A	equired, Disposed of, or Beneficially Owned			
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, is any (Month/Day/Year	Code (Instr. 3, 4 and 5)	Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)			
	Common Stock	07/15/2014		M 640 A \$37	56,106 D			

640

150

D

\$ 63

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

 $S^{(1)}$

 $S^{(1)}$

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

55,466

55,316

D

D

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number.

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. Number	6. Date Exercisab	le and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactionof		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Derivative	(Month/Day/Year	.)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities				
	Derivative		•		Acquired				
	Security				(A) or				
					Disposed				
					of (D)				
					(Instr. 3, 4,				
					and 5)				
					und 5)				
									Amount
							Evniration		or
						Date Exercisable	Expiration	Title	Number
							Date		of
				Code V	(A) (D)				Shares
Option									2.540
(Right to	\$ 37	07/15/2014		M	640	01/15/2014(2)	01/29/2019	Common	2,549
Buy)									(2)
Duy)									

Reporting Owners

Reporting Owner Name / Address	Relationships
reporting o wher reame, read ess	

Director 10% Owner Officer Other

IBELE ERIN C 4500 DORR STREET TOLEDO, OH 43615

Sr. VP-Admin. & Corp. Secy.

Signatures

Erin C. Ibele 07/16/2014

**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 to a Rule 10b5-1 Sales Plan dated September 20, 2013.
- Options for the purchase of 14,096 shares of common stock at \$37.00 per share were granted to Ms. Ibele on January 29, 2009, which
- (2) grant has previously been reported. The partial exercise of these options for the purchase of 11,547 shares has previously been reported. Of the remaining options, options for the purchase of 2,549 shares vested on January 15, 2014.
- (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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