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HEALTH CARE REIT INC /DE/ Form 4 February 09, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **OSTER SHARON M** Issuer Symbol HEALTH CARE REIT INC /DE/ (Check all applicable) [HCN] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) C/O HEALTH CARE REIT. 02/05/2015 INC., 4500 DORR STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting **TOLEDO, OH 43615** Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 6. Ownership 7. Nature of 1.Title of 3. 4. Securities 5. Amount of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) any Code Disposed of (D) Beneficially (D) or Beneficial (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Month/Day/Year) (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount Price (D) Common \$0 02/07/2015 511 Μ A 26,036 D (1) Stock \$0 Common 02/06/2015 563 26,599 D Μ A (2) Stock Indirect Common Ownership 17,000 Ι Stock by Spouse, Ray Fair

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Nun of Shar
Deferred Stock Units	\$ 0 <u>(3)</u>	02/07/2015	М		511	02/07/2015 <u>(3)</u>	02/07/2015 <u>(3)</u>	Common	511
Deferred Stock Units	\$ 0 <u>(4)</u>	02/06/2015	М		563	02/06/2015(4)	02/06/2015(4)	Common	563
Deferred Stock Units	\$ 0 <u>(5)</u>	02/05/2015	А	1,532		02/05/2016 <u>(5)</u>	02/05/2016 <u>(5)</u>	Common	1,5 _(:

Reporting Owners

Reporting Owner Name / Address	Relationships									
1	Director	10% Owner	Officer	Other						
OSTER SHARON M C/O HEALTH CARE REIT, INC. 4500 DORR STREET TOLEDO, OH 43615	Х									
Signatures										
By: Erin C. Ibele Attorney-in-Fact I Oster	02/09/2015									
<u>**</u> Signature of Reporting Perso	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).

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- (1) The reported transaction was a vesting of 511 deferred stock units on February 7, 2015, resulting in the issuance of 511 shares of common stock. No amount was payable in connection with the vesting or the common stock issuance.
- (2) The reported transaction was a vesting of 563 deferred stock units on February 6, 2015, resulting in the issuance of 563 shares of common stock. No amount was payable in connection with the vesting or the common stock issuance.

These deferred stock units were granted without cash consideration on February 7, 2013 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

(3) KEIT, inc. 2009 Eong Term incentive train Each deferred stock unit represents a right to receive one share of common stock of reading Care REIT, Inc. at the time of vesting of the unit. These deferred stock units vest in three installments, with 512 units having vested on February 7, 2014, 511 units having vested on February 7, 2015 and 511 units vesting on February 7, 2016.

(4) These deferred stock units were granted without cash consideration on February 6, 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 REIT, Inc. at the time of vesting of the unit. These deferred stock units vest in three installments, with 563 units having vested on February 6, 2015, 563 units vesting on February 6, 2016 and 562 units vesting on February 6, 2017.

These deferred stock units were granted without cash consideration on February 5, 2015 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

 (5) RELL, inc. 2005 Eong-Term incentive Fiant Each deferred stock unit represents a right to receive one share of common stock of realm Care REIT, Inc. at the time of vesting of the unit. These deferred stock units vest in one installment, with 1,532 units vesting on February 5, 2016.

Includes (i) 511 deferred stock units granted on February 7, 2013, with 511 units vesting on February 7, 2016; (ii) 1,125 deferred stock
(6) units granted on February 6, 2014; with 563 units vesting on February 6, 2016 and 562 units vesting on February 7, 2017 and (iii) 1,532 deferred stock units granted on February 5, 2015, with 1,532 units vesting on February 5, 2016.

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.