HEALTH CARE REIT INC /DE/

Form 4

August 28, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

OMB APPROVAL

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January 31, 2005

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Check this box

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 *

Rivera Sergio

2. Issuer Name and Ticker or Trading

Symbol

HEALTH CARE REIT INC /DE/

[HCN]

3. Date of Earliest Transaction (Month/Day/Year)

08/26/2015

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Last)

(First) (Middle)

X_ Director Officer (give title

10% Owner Other (specify

C/O HEALTH CARE REIT. INC., 4500 DORR STREET

> (Street) 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

D

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

TOLEDO, OH 43615

(City)

Common

Stock

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

(Zip)

(State)

08/26/2015

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

(A) or

(1)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

\$0

167

1,167

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

M

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Dei Sec	Fitle of rivative curity str. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)		6. Date Exercisab Date (Month/Day/Year	•	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Sto	eferred ock nits	\$ 0 (2)	08/26/2015	M	167	08/26/2015(2)	08/26/2015(2)	Common	167 <u>(1)</u>

Reporting Owners

Reporting Owner Name / Address	Keiationsinps						
	Director	10% Owner	Officer	Other			
Livera Sergio							

Rivera Sergio C/O HEALTH CARE REIT, INC. 4500 DORR STREET TOLEDO, OH 43615



Signatures

By: Erin C. Ibele Attorney-in-Fact For: Sergio David
Rivera

08/28/2015

**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).

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- (1) The reported transaction was a vesting of 167 deferred stock units on August 26, 2015, resulting in the issuance of 167 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 August 26, 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 167 units having vested on August 26, 2015, 167 units vesting on August 26, 2016 and 166 units vesting on August 26, 2017.
- (3) Includes (i) 333 deferred stock units granted on August 26, 2014 with 167 units vesting on August 26, 2016 and 166 units vesting on August 26, 2017 and (ii) 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.

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