#### HEALTH CARE REIT INC /DE/

Form 4

March 06, 2007

### FORM 4

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

OMB Number: 3235-0287

burden hours per

response...

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

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 Insti 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * KLIPSCH FRED S			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
	HEALTH CARE REIT INC /DE/ [HCN]			(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	_X_ Director 10% Owner Officer (give title Other (specify		
ONE SEAGATE, SUITE 1500			03/02/2007	below) below) Vice Chairman		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
TOLEDO, OH 43604			Filed(Month/Day/Year)  Applicable Line)  _X_ Form filed by One Reporting  Form filed by More than One Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned		

(City)	(State) (	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)		Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	03/02/2007		M	9,679	A	\$ 26.61	144,652	D	
Common Stock	03/02/2007		M	4,509	A	\$ 26.61	149,161	D	
Common Stock	03/02/2007		M	3,396	A	\$ 26.61	152,557	D	
Common Stock	03/02/2007		M	1,803	A	\$ 33.51	154,360	D	

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

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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. Transactio Code (Instr. 8)	Secu Acqu (A) ( Disp (D)	or osed of r. 3, 4,	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)	\$ 26.61	03/02/2007		M		9,679	12/20/2006	08/15/2012	Common	9,679
Option (Right to Buy)	\$ 26.61	03/02/2007		M		4,509	12/20/2006	08/04/2013	Common	4,509
Option (Right to Buy)	\$ 26.61	03/02/2007		M		3,396	12/20/2006	07/26/2014	Common	3,396
Option (Right to Buy)	\$ 33.51	03/02/2007		M		1,803	12/20/2006	07/25/2015	Common	1,803

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KLIPSCH FRED S ONE SEAGATE, SUITE 1500 TOLEDO, OH 43604	X		Vice Chairman					

### **Signatures**

By: Erin C. Ibele Attorney-in-Fact For: Fred S. Klipsch 03/06/2007

\*\*Signature of Reporting Person Date

Reporting Owners 2

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

## **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).

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.