#### HEALTH CARE REIT INC /DE/

Form 5

February 14, 2008

**OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per OWNERSHIP OF SECURITIES 5 obligations response... 1.0 may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4 30(h) of the Investment Company Act of 1940

Symbol

[HCN]

2. Issuer Name and Ticker or Trading

HEALTH CARE REIT INC /DE/

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Transactions Reported

Loftus Daniel R

1. Name and Address of Reporting Person \*

			[HCN]										
	(Last) ONE SEA	(First)  GATE, SUITE 15	(Middle)		ment for Issue /Day/Year) /2007	r's Fiscal Ye	ar End			10% Order (below) ce President			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Ind	6. Individual or Joint/Group Reporting  (check applicable line)				
	TOLEDO,	OH 43604							X_Form Filed by One Reporting PersonForm Filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Ta	ble I - Non-Do	erivative Sec	curitie	s Acquired,	Disposed of, or	Beneficially	Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transaction Code (Instr. 8)		f (D) and 5) (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Common Stock	02/20/2007	Â		J <u>(1)</u>	Amount 3.271	(D)	Price \$ 46.2717	13,939.271	D	Â		
	Common Stock	05/21/2007	Â		J <u>(1)</u>	142.291	A	\$ 43.1876	14,081.562	D	Â		
	Common Stock	08/20/2007	Â		<u>J(1)</u>	164.114	A	\$ 36.3374	14,245.676	D	Â		
	Common Stock	11/20/2007	Â		<u>J(1)</u>	147.664	A	\$ 42.3713	14,393.34	D	Â		

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

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 2270 (9-02)

of D

# 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		4.	5.	6. Date Exerc		7. Titl		8. Price of	
Derivative	Conversion	(Month/Day/Year)	•	Transaction	Number	Expiration D		Amou		Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	, ,	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
					,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable	Date		of		
					(A) (D)				Shares		

#### **Reporting Owners**

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Loftus Daniel R ONE SEAGATE, SUITE 1500 TOLEDO, OH 43604	Â	Â	Senior Vice President	Â		

## **Signatures**

By: Erin C. Ibele Attorney-in-Fact For: Daniel R. Loftus 02/14/2008

\*\*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) Dividend Reinvestment under the Amended and Restated Dividend Reinvestment and Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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