HEALTH CARE REIT INC /DE/

Form 5

February 13, 2009

FORM 5					OMB AF	PPROVAL			
Check this box if	UNITED	STATES	OMB Number: Expires:	3235-0362 January 31, 2005					
to Section 16. Form 4 or Form 5 obligations may continue.	ANN	Estimated a burden hour response	verage						
See Instruction 1(b). 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 Transactions Reported Reported									
1. Name and Addres FARRAR FRED		Person *	2. Issuer Name and Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ [HCN]	5. Relationship of I Issuer (Check	Reporting Pers	`,			
(Last) (` , , , ,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008	DirectorX Officer (give below) Executive		Owner er (specify			
	· (C)		4.104						

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

TOLEDO, OHÂ 43604

X Form Filed by One Reporting Person _ Form Filed by More than One Reporting

(City)	(State)	(Zip) 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. Transaction Code (Instr. 8)	4. Securities Disposed of (Instr. 3, 4 and Amount	(D)	red (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	02/20/2008	Â	<u>J(1)</u>	131.2566	A	\$ 39.8389	58,438.1756	D	Â	
Common Stock	05/20/2008	Â	<u>J(1)</u>	18.5752	A	\$ 47.8897	58,456.7508	D	Â	
Common Stock	08/20/2008	Â	J <u>(1)</u>	17.6709	A	\$ 51.056	58,474.4217	D	Â	
Common Stock	11/20/2008	Â	<u>J(1)</u>	25.5471	A	\$ 35.7857	58,499.9688 (2)	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)

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired			Ì	ĺ	
	·				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					, ,					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
						LACICISABIC	Duic		of	
					(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FARRAR FREDERICK L ONE SEAGATE, SUITE 1500 TOLEDO, OH 43604	Â	Â	Executive Vice President	Â			

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Frederick L.
Farrar

02/13/2009

**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.
- (2) Includes 173.3773 shares owned by spouse and 30.2778 shares owned by daughter. Mr. Farrar disclaims beneficial ownership of these securities.

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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