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

HEALTH CA Form 4 January 19, 2	ARE REIT INC / 2011	/DE/									
FORM	1 4								OMB AF	PPROVAL	
			SECURITIES AND EXCHANGE C Washington, D.C. 20549				NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				CHANGES IN BENEFICIAL OWN SECURITIES					Expires:January 31 2003Estimated average burden hours per response0.4		
obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	(a) of the l	Public Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Thomas John T			2. Issuer Name and Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ [HCN]				0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 4500 DORR		Middle)	3. Date of (Month/D 01/15/20	-	ansaction			Director X Officer (give below) EVP- M		Owner er (specify es	
Filed(M				f Amendment, Date Original ed(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 			
TOLEDO, O	DH 43615							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	01/15/2011			F		D	\$ 47.05	15,729	D		

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.

 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Thomas John T 4500 DORR STREET TOLEDO, OH 43615			EVP- Medical Facilities					
Signatures								
By: Erin C. Ibele Attorney-in-Fact Thomas		01/19/2011						
<u>**</u> Signature of Reporting Per	son		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).

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.