ESTES SCOTT A Form 4 April 17, 2013

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue.

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

See Instruction 30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

04/15/2013

(Print or Type Responses)

1. Name and Address of Reporting Person * ESTES SCOTT A			2. Issuer Name and Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ HCN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) 4500 DOR	(First) (1	(M	Date of Earliest Transaction Month/Day/Year) 04/15/2013	Director 10% Owner Other (specify below) EVP and CFO		
(Street) TOLEDO, OH 43615			. 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 Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Datany (Month/Day/Y	Pate, if Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5)	Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)		
Common Stock	04/15/2013		M 3,085 A \$40.8	3 95,898 D		

3,085 D

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

 $S^{(1)}$

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SEC 1474

(9-02)

92,813

D

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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	3A. Deemed	4.	5. Number	Date Exercisab	le and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date		Underlying S	Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year	;)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
						Date Exercisable	Expiration Date	Title	Amount or Number
				Code V	(A) (D)				of Shares
Option (Right to	\$ 40.83	04/15/2013		M	3,085	01/15/2009(2)	01/21/2018	Common	18,257
Buy)									_

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

ESTES SCOTT A
4500 DORR STREET
EVP and CFO
TOLEDO, OH 43615

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Scott A.
Estes

04/17/2013

**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) The shares coverd by this Form 4 have been sold pursuant to a Rule 10b5-1 Sales Plan dated March 22, 2013.
 - Options for the purchase of 18,257 shares at \$40.83 per share were granted to Mr. Estes on January 21, 2008, which grant has previously
- (2) been reported. Options for the purchase of 3,652 shares vested on January 15 of each of 2009 and 2010 and options for the purchase of 3,651 shares vested on January 15 of each of 2011, 2012 and 2013.
- (3) The options were granted under the Health Care REIT, Inc. 2005 Long-Term Incentive Plan and had no acquisition price.

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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