HEALTH CARE REIT INC /DE/

Form 4

August 02, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287 Number:

OMB APPROVAL

Expires:

January 31, 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

(Print or Type Responses)

1(b).

Common

Common

Stock

Stock

08/01/2013

08/01/2013

1. Name and A Miller Jeffre	Address of Reporting I ey H	Symbol	er Name and Ticker or Trading ΓΗ CARE REIT INC /DE/	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 4500 DORF		,	of Earliest Transaction Day/Year) 2013	Director 10% Owner Officer (give title Other (specify below) EVP-Operations & Gen. Counsel				
	(Street)		endment, Date Original onth/Day/Year)	6. Individual or Joint/Group Filing(Check				
TOLEDO, O		· ·	mm/Day/1ear)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially (
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) (A) or Code V Amount (D) Price	Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)				

2,449

2,699

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

M

 $S^{(1)}$

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87,038

84,339

40.83

D

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 Derivative Security (Instr. 3)		2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Opti (Rig Buy	ght to	\$ 40.83	08/01/2013	M	2,449	01/15/2013(2)	01/21/2018	Common	2,449 (2)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Miller Jeffrey H 4500 DORR STREET TOLEDO, OH 43615

EVP-Operations & Gen. Counsel

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Jeffrey H. Miller

08/02/2013

**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 covered by this Form 4 have been sold pursuant of a Rule 10b5-1 Sales Plan dated November 19, 2012.
- Options for the purchase of 18,257 shares of common stock at \$40.83 per share were granted to Mr. Miller on January 21, 2008, which grant has previously been reported. The partial exercise of these options for the purchase of 15,808 shares has previously been reported. Of
- (2) grant has previously been reported. The partial exercise of these options for the purchae of 15,808 shares has previously been reported. Of the remaining options, options for the purchase of 2,449 shares vested on January 15, 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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