#### HEALTH CARE REIT INC /DE/

Form 4

September 17, 2013

# FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

**OMB APPROVAL** 

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

burden hours per response...

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * ESTES SCOTT A			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTH CARE REIT INC /DE/ [HCN]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) 4500 DORF	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/16/2013			Director 10% Owner X Officer (give title Other (specify below) EVP and CFO				
	(Street)		4. If Ame Filed(Mor	te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TOLEDO, O						Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	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)	
Common Stock	09/16/2013			M	4,000	A	\$ 40.83	96,813	D	
Common Stock	09/16/2013			S(1)	4,000	D	\$ 63	92,813	D	

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

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SEC 1474

(9-02)

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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	6. Date Exercisab	le and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date U		Underlying 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									13,172
(Right to Buy)	\$ 40.83	09/16/2013		M	4,000	01/15/2009(2)	01/21/2018	Common	(2)

## **Reporting Owners**

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

ESTES SCOTT A 4500 DORR STREET TOLEDO, OH 43615

EVP and CFO

### **Signatures**

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

09/17/2013

\*\*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 been reported. The partial exercise of these options for the purchase of 5,085 shares has previously been reported. Of the remaining options, options for the purchase of 1,035 shares vested on January 15, 2009, options for the purchase of 3,035 shares vested on January 15, 2010 and options for the purchase of 3,034 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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