HCP, INC. Form 4 October 09, 2007

## 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

Estimated average burden hours per

response...

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 30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Common

Stock

Stock

Stock

10/08/2007

(Print or Type Responses)

may continue.

See Instruction

|                                       |            |                     | Sym                                     |                  | and Ticker or Trading       | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable) |                              |                      |  |
|---------------------------------------|------------|---------------------|---|------------------|-----------------------------|---|------------------------------|----------------------|--|
|                                       |            |                     |   |                  | -                           |   |                              |                      |  |
|                                       |            |                     | , |                  | t Transaction               | X Director  |                              | ~~ ~                 |  |
| 3760 KILROY AIRPORT WAY,<br>SUITE 300 |            |                     |   | (Month/Day/Year) |                             |   |                              | 0% Owner             |  |
|                                       |            |                     | 'AY, 10/0                               | 08/2007          |                             | X Officer (give title Other (specify below)                                 |                              |                      |  |
|                                       |            |                     |   |                  |                             | Chief Executive Officer   |                              |                      |  |
| (Street)                              |            |                     | 4. If                                   | Amendment,       | Date Original               | 6. Individual or Joint/Group Filing(Check                                   |                              |                      |  |
|                                       |            |                     |   | d(Month/Day/Y    | Year)                       | Applicable Line)  |                              |                      |  |
|                                       |            |                     |   |                  |                             | _X_ Form filed by One Reporting Person                                      |                              |                      |  |
| LONG BEACH, CA 90806                  |            |                     |   |                  |                             | Form filed by More than One Reporting Person                                |                              |                      |  |
|                                       | (City)     | (State)             | (Zip)                                   | Table I - No     | n-Derivative Securities Ac  | quired, Disposed  | of, or Benefic               | cially Owned         |  |
|                                       | 1.Title of | 2. Transaction Date | 2A. Deemed                              | 3.               | 4. Securities Acquired      | 5. Amount of  | 6.                           | 7. Nature of         |  |
|                                       | Security   | (Month/Day/Year)    | Execution Date                          | , if Transac     | ction(A) or Disposed of (D) | Securities  | Ownership                    | Indirect             |  |
|                                       | (Instr. 3) |                     | any                                     | Code             | (Instr. 3, 4 and 5)         | Beneficially  | Form:                        | Beneficial           |  |
|                                       |            |                     | (Month/Day/Ye                           | ear) (Instr. 8   | 3)                          |   | ` '                          | *                    |  |
|                                       |            |                     |   |                  |                             | Č   |                              | (Instr. 4)           |  |
|                                       |            |                     |   |                  | (A)                         | Reported Transaction(s)   | (I)<br>(Instr 4)             |                      |  |
|                                       | (Instr. 3) |                     | any<br>(Month/Day/Ye                    |                  |                             | Owned<br>Following  | Porm: Direct (D) or Indirect | Ownership (Instr. 4) |  |
|                                       |            |                     |   |                  | (A)                         | Transaction(s)  | (Instr 4)                    |                      |  |

Code V Amount

7.843

F

(D)

D

Price

34.76

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control

Transaction(s)

(Instr. 3 and 4)

765,363.54

2,400

573

(Instr. 4)

D

I

Ι

Irrevocable

IRA held by

(9-02)

Trust

spouse

#### Edgar Filing: HCP, INC. - Form 4

#### number.

# 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.         | 6. Date Exerc | cisable and | 7. Titl | le and   | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|---------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D  | ate         | Amou    | ınt of   | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under   | rlying   | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Secur   | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |             | (Instr. | 3 and 4) |             | Own    |
|             | Security    |                     |                    |            | Acquired   |               |             |         |          |             | Follo  |
|             | ·           |                     |                    |            | (A) or     |               |             |         |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |             |         |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |             |         |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |             |         |          |             | `      |
|             |             |                     |                    |            | 4, and 5)  |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration  |         | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date        |         | Number   | er          |        |
|             |             |                     |                    |            |            | Lacroisdoic   | Dute        |         | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |             |         | Shares   |             |        |

### **Reporting Owners**

| Reporting Owner Name / Address     | Relationships |           |                         |       |  |  |
|------------------------------------|---------------|-----------|-------------------------|-------|--|--|
|                                    | Director      | 10% Owner | Officer                 | Other |  |  |
| FLAHERTY JAMES F III               |               |           |                         |       |  |  |
| 3760 KILROY AIRPORT WAY, SUITE 300 | X             |           | Chief Executive Officer |       |  |  |
| LONG BEACH, CA 90806               |               |           |                         |       |  |  |

# **Signatures**

Eric J. Stambol, Power of Attorney for James F.
Flaherty III

10/09/2007

\*\*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).

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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