HEALTH CARE REIT INC /DE/

Form 4

January 25, 2006

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Responses)

1(b).

(Last)

(City)

1. Title of

Security

(Instr. 3)

Common

Stock

1. Name and Address of Reporting Person *

CRABTREE MICHAEL A

(First)

HEALTH CARE REIT, INC., ONE

(Middle)

(Zip)

SEAGATE, SUITE 1500

(Street)

(State)

01/23/2006

TOLEDO, OH 43604

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading

Symbol

HEALTH CARE REIT INC /DE/ [HCN]

3. Date of Earliest Transaction

(Month/Day/Year) 01/23/2006

4. If Amendment, Date Original

A

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 8)

2,825

(Instr. 3, 4 and 5) (A)

Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price \$0

37,343 (1)

6. Individual or Joint/Group Filing(Check Applicable Line)

Director

X_ Officer (give title

Issuer

below)

5. Amount of

Securities

Owned

Beneficially

Following

Reported

X Form filed by One Reporting Person Form filed by More than One Reporting

(Check all applicable)

Treasurer

below)

6. Ownership 7. Nature of

Form: Direct Indirect (D) or Beneficial Ownership Indirect (I)

(Instr. 4) (Instr. 4)

10% Owner

Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(9-02)

D

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Buy)	\$ 36.5	01/23/2006	A	6,529	01/15/2007(2)	01/23/2016	Common	6,529 (2)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

CRABTREE MICHAEL A HEALTH CARE REIT, INC. ONE SEAGATE, SUITE 1500 TOLEDO, OH 43604

Treasurer

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Michael A. Crabtree

01/25/2006

**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) These shares were granted without cash consideration as shares of restricted stock under the Health Care REIT, Inc. 2005 Long-Term Incentive Plan.
- Options for the purchase of 6,529 shares of common stock at \$36.50 per share were granted to Mr. Crabtree on January 23, 2006. Options (2) for the purchase of 1,307 shares will vest on January 15, 2007, options for the purchase of 1,306 shares will vest on January 15 of each
- (3) The options were granted under the Health Care REIT, Inc. 2005 Long-Term Incentive Plan and had no acquisition price.

2008 and 2009 and options for the purchase of 1,305 shares will vest on January 15 of each 2010 and 2011.

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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