HEALTH CARE REIT INC /DE/

Form 4 July 18, 2006

FORM 4

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

OMB Number: 3235-0287

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

9,811.9319

I

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

OMB APPROVAL

Form 4 or Form 5 obligations

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

SECURITIES

burden hours per response... 0.5

Estimated average

may continue. *See* Instruction

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

HEALTH CARE REIT INC /DE/

Symbol

1(b).

Stock

(Print or Type Responses)

CHAPMAN GEORGE L

1. Name and Address of Reporting Person *

				[HCN]						(Спеск ан аррисаоте)			
(Last) (First) (Middle) ONE SEAGATE, SUITE 1500			3. Date of Earliest Transaction (Month/Day/Year) 07/14/2006						_X Director 10% OwnerX Officer (give title Other (specify below) Chairman and CEO				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
TOLEDO, OH 43604									Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative S	Secur	ities Ac	quired, Disposed of	, or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed 3. 4. Securities rnth/Day/Year) Execution Date, if TransactionAcquired (A) or Code V Amount (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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
	Common Stock	07/14/2006			G	V	1,500	D	\$ 0 (1)	228,338.9046	D		
	Common Stock									3,582.351	I	Account for Son (2)	
	Common Stock									3,583.0637	I	Account for Son (2)	
	Common Stock									3,582.2926	I	Account for Son (2)	
	Common									0 811 0310	T	ID A (3)	

IRA (3)

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

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

SEC 1474

(9-02)

9. Nu Deriv Secur Bene

Follo Repo Trans (Insti

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	isable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	tionNumber	Expiration Da	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)) Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities	3		(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									A	
									Amount	
							Expiration Date	Title N	or	
									Number	
				G 1 1	7 (4) (5)				of	
				Code V	V (A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

CHAPMAN GEORGE L ONE SEAGATE

SUITE 1500 X Chairman and CEO

TOLEDO, OH 43604

Signatures

By: Erin C. Ibele Attorney-in-Fact For: George L.
Chapman
07/18/2006

**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) The securities were gifted and had no disposition or acquisition price.
- (2) Account for son of George L. Chapman.
- (3) George L. Chapman III SSB IRA Rollover Custodian.

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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