HEALTH CARE REIT INC /DE/

Form 4

Common

Common

Common

Stock

Stock

Stock

November 03, 2006

	<i>*</i>									21.12			
FORM	4		CECUD	TOTE	7 A 1		YTT A 1	NOE	COMMITTEELO	.т	APPROVA	L	
Washington, D.C. 20549							OMB Number:	3235-					
Check thi if no long								Expires:	Januar	y 31, 2005			
subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES							NERSHIP OF	Estimated burden ho response.	average urs per	0.5			
Form 5 obligation may continuous See Instruction 1(b).	Section 17	(a) of the l		ility H	lold	ing Com	pany	Act o	ge Act of 1934, of 1935 or Section 40	·			
(Print or Type R	Responses)												
1. Name and A BRAUN RA	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer						
			HEALT [HCN]	н СА	RE	REIT IN	IC /D	DE/	(Che	ck all applicab	le)		
(Last)	(First)	(Middle)	3. Date of (Month/D			insaction			DirectorX Officer (give below)		% Owner her (specify		
ONE SEAG	ATE, SUITE 15	00	11/01/20	006					below)	President			
				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, C	OH 43604									More than One F			
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	Securi	ities Ac	quired, Disposed o	of, or Beneficia	ally Owned	I	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		Code Disposed of (D)))	Securities F Beneficially (I Owned In Following (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock	11/01/2006			G	V	925	D	\$ 0 (1)	54,220	D			
Common Stock	11/03/2006			G	V	625	D	\$ 0 (1)	53,595	D			

Revocable

Custodian

Custodian

Trust $\underline{^{(2)}}$

(3)

(4)

37,698

10,000

10,008

I

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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 Own Follo Repo Trans

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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or]
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Title	of		
				Code V	(A) (D)						
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

BRAUN RAYMOND W ONE SEAGATE SUITE 1500 TOLEDO, OH 43604

President

Signatures

By: Erin C. Ibele Attorney-in-Fact For: Raymond W. Braun

11/03/2006

**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) Theresa P. Braun Revocable Trust
- (3) Custodian for Raymond W. Braun, Jr. under the OH Unif Gift to Minors Act
- (4) Custodian for Hillary J. Braun under the OH Unif Gift to Minors Act

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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