HEALTH CARE REIT INC /DE/

Form 4 July 22, 2015

FORM 4

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB**

3235-0287 Number:

2005

January 31, Expires:

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

response... 0.5

Check this box

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

Washington, D.C. 20549

SECURITIES

1(b).

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

07/20/2015

IBELE ERIN C			Symbol HEALT [HCN]	гн CARI	E REIT INC /DE/	Issuer (Check all applicable)				
(Last)	(First)	(Middle)		f Earliest T Day/Year)	Fransaction	DirectorX Officer (give below)		Owner er (specify		
4500 DORR STREET			07/20/2	2015		EVP-Head Human Cap.&Corp.Secy.				
		4. If Ame	endment, D	ate Original	6. Individual or Joint/Group Filing(Check					
		Filed(Mo	nth/Day/Yea		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
TOLEDO,	OH 43615					Person	ore man One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code	4. Securities Acquired (A) oner Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					(A)	Reported Transaction(s)	(I) (Instr. 4)			

Code V Amount

550

 $S^{(1)}$

(D)

D

Price

67.1427

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 (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

D

52,170

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

Edgar Filing: HEALTH CARE REIT INC /DE/ - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

IBELE ERIN C 4500 DORR STREET TOLEDO, OH 43615

EVP-Head Human Cap.&Corp.Secy.

Signatures

Erin C. Ibele 07/22/2015

**Signature of 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 covered by this Form 4 have been sold pursuant to a Rule 10b5-1 Trading Plan dated November 14, 2014.

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.

Reporting Owners 2