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

HEALTH CA Form 4 August 26, 2	ARE REIT INC / 005	DE/									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Wash					ITIES AND EXCHANGE COMMISSIO hington, D.C. 20549				OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or	IGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per				
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17(a) of the Pu	ıblic Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
BORRA PIER C Symbol			ymbol IEALT	er Name and Ticker or Trading ΓΗ CARE REIT INC /DE/				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)(First)(Middle)3. Date of (Month/DC/O HEALTH CARE REIT, INC., ONE SEAGATE, SUITE 150008/24/20				-				X Director Officer (give below)		Owner er (specify	
	(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, O	OH 43604							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (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)		
Common Stock	08/24/2005			C	9	A A	\$ 32.66	62,343	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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) (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)		8. Price Derivat Security (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Series E Preferred Stock (1)	\$ 32.66	08/24/2005		С	12	08/01/2005	(2)	Common	9.1855 (3)	<u>(1)</u>

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BORRA PIER C C/O HEALTH CARE REIT, INC. ONE SEAGATE, SUITE 1500 TOLEDO, OH 43604	Х							
Signatures								
By: Erin C. Ibele Attorney-in-Fact	For: Pier (C.						
Borra			08/26/2005					
**Signature of Reporting Person			Date	e				

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).
- The Series E is convertible to Common Stock of the Company, determined by multiplying the number of shares of the Series E to be(1) converted by the liquidation preference of \$25 per share and dividing the product by the conversion price of \$32.66 per share of Common Stock to be received.
- (2) Expiration Date is not applicable.
- The twelve shares of Series E Preferred Stock were converted into nine shares of Common Stock. Cash will be paid for the remaining
- (3) .1855 fractional share interest, based on the closing price of the Common Stock on the New York Stock Exchange on August 23, 2005 (\$36.04 per share).

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.