### HEALTH CARE REIT INC /DE/

Form 4

Stock

Stock

Stock

Common

Common

November 17, 2006

TYOVCIIIOCI	17, 2000									
FORM	<b>J 4</b> UNITED	STATES SE					COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check to if no los subject		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								
Section Form 4 Form 5 obligati may co See Inst 1(b).	or Filed pur ons ntinue. struction	a) of the Publ	on 16(a) of the	lding Co	mpai	ny Act of	e Act of 1934, § 1935 or Section 90	Estimated a burden hour response		
(Print or Type	(Responses)									
1. Name and Address of Reporting Person * CHAPMAN GEORGE L			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTH CARE REIT INC /DE/				5. Relationship of Reporting Person(s) to Issuer			
			CN]		11 (0 /	DL,	(Check	all applicable	)	
			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2006				X Director 10% Owner X 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,	ОН 43604						Form filed by Mo			
(City)	(State)	(Zip)	Table I - Non-	Derivativ	e Secu	ırities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Yo	Code	(Instr. 3,	ispose 4 and (A) or	ed of (D) 5)	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	11/15/2006		S(1)	2,500	D	\$ 38.886	220,838.9046	D		
Common Stock							3,582.351	I	Account for Son (2)	
Common							2.502.0627	T	Account	

for Son (2)

Account

IRA (3)

for Son  $\underline{^{(2)}}$ 

3,583.0637

3,582.2926

9,811.9319

I

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 (Instr

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. Title	and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amoun	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	
	Derivative				Securities			(Instr. 3	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or Name le con		
						Exercisable	Date		Number		
				C-1- 1	7. (A) (D)				of		
				Code V	I (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

\*\*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 shares covered by this Form 4 have been sold pursuant to a Rule 10b5-1 Sales Plan dated May 8, 2006.
- (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.

Reporting Owners 2