

NATIONWIDE HEALTH PROPERTIES INC

Form 4

February 18, 2003

| OMB APPROVAL                                         |
|------------------------------------------------------|
| OMB Number: 3235-0287                                |
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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM 4**

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**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**

- ☐ Check this box if no longer  
subject to Section 16.  
Form 4 or Form 5  
obligations may continue.  
*See Instruction 1(b).*

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Name and Address of Reporting Person*</b><br><br>Andrews R. Bruce<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(Last) (First) (Middle)</i><br><br>c/o Nationwide Health Properties<br>610 Newport Center Drive, Suite<br>1150<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(Street)</i> | <b>2. Issuer Name and Ticker or Trading Symbol</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>                                                                                                                                                                                                                         |
| Newport Beach, CA 92660<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(City) (State) (Zip)</i>                                                                                                                                                                                                                               | <b>4. Statement for Month/Day/Year</b><br><br>February 14, 2003<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5. If Amendment, Date of Original (Month/Day/Year)</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                           | <b>6. Relationship of Reporting Person(s) to Issuer (Check All Applicable)</b><br><br><div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Director</span> <span><input type="checkbox"/> 10% Owner</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Officer <i>(give title below)</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Other <i>(specify below)</i></span> </div> President and Chief Executive Officer<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | <b>7. Individual or Joint/Group Filing (Check Applicable Line)</b><br><br><div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Form Filed by One Reporting Person</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Form Filed by More than One Reporting Person</span> </div> |

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

\* If the form is filed by more than one reporting person, *see* instruction 4(b)(v).

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Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) | (A)<br>or<br>(D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                         |                                                       | Code V                            | Amount                                                               |                  | Price                                                                                            |                                                             |                                                          |
| \$ .10 par value common stock      | 2/14/03                                 |                                                       | P                                 | 5,000                                                                | A                | \$13.12                                                                                          | 176,866                                                     | D                                                        |

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

[illegible]

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

| 6. Date Exercisable and Expiration Date<br><i>(Month/Day/Year)</i> | 7. Title and Amount of Underlying Securities<br><i>(Instr. 3 and 4)</i> | 8. Price of Derivative Security<br><i>(Instr. 5)</i> | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)<br><i>(Instr. 4)</i> | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br><i>(Instr. 4)</i> | 11. Nature of Indirect Beneficial Ownership<br><i>(Instr. 4)</i> |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|                                                                    |                                                                         |                                                      |                                                                                                              |                                                                                            |                                                                  |

[illegible]

### Explanation of Responses:

/s/ R. Bruce Andrews

February 18, 2003

**\*\*Signature of Reporting  
Person**

Date \_\_\_\_\_

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.