

HEALTH CARE REIT INC /DE/

Form 5

February 14, 2005

FORM 5**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549Check this box if
no longer subject
to Section 16.Form 4 or Form
5 obligations
may continue.See Instruction
1(b).Form 3 Holdings
Reported

Form 4

Transactions

Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP OF SECURITIES**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

OMB APPROVAL

OMB
Number: 3235-0362Expires: January 31,
2005Estimated average
burden hours per
response... 1.01. Name and Address of Reporting Person *
TRUMBULL R SCOTT

(Last) (First) (Middle)

C/O HEALTH CARE REIT,
INC., ONE SEAGATE, SUITE
1500

(Street)

2. Issuer Name and Ticker or Trading
Symbol
HEALTH CARE REIT INC /DE/
[HCN]3. Statement of Issuer's Fiscal Year Ended
(Month/Day/Year)
12/31/20045. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)4. If Amendment, Date Original
Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

TOLEDO, OH 43604

☒ Form Filed by One Reporting Person
☐ Form Filed by More than One Reporting
Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/20/2004	Â	J	217 A Amount (D) \$ 35.9288 Price	17,784.066	D	Â
Common Stock	05/20/2004	Â	J	269 A Amount (D) \$ 29.1805 Price	18,053.066	D	Â
Common Stock	08/20/2004	Â	J	261 A Amount (D) \$ 31.0787 Price	18,314.066	D	Â
	11/19/2004	Â	J	283 A Amount (D) \$ Price	18,597.066	D	Â

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Common Stock						\$ 34.8106			
Common Stock	02/20/2004	Â	J	83	A	\$ 35.9288	5,266.2621	I	IRRA (2)
Common Stock	05/20/2004	Â	J	103	A	\$ 29.1805	5,369.2621	I	IRRA (2)
Common Stock	08/20/2004	Â	J	100	A	\$ 31.0787	5,469.2621	I	IRRA (2)
Common Stock	11/19/2004	Â	J	94	A	\$ 34.8106	5,563.2621	I	IRRA (2)

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

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SEC 2270
(9-02)

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. Transaction Code (Instr. 8)	5. Number 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 of Derivative Security (Instr. 5)	9. of Derivative Security (Instr. 5)
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
	Director 10% Owner Officer Other
TRUMBULL R SCOTT C/O HEALTH CARE REIT, INC. ONE SEAGATE, SUITE 1500 TOLEDO, OH 43604	Â X Â Â Â

Signatures

By: Erin C. Ibele Attorney-in-Fact For: R. Scott Trumbull 02/14/2005

**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) Dividend Reinvestment under the Amended and Restated Dividend Reinvestment and Stock Purchase Plan.
- (2) Richard Scott Trumbull IRRA for benefit of Richard Scott Trumbull.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.