Edgar Filing: FANNING ROBERT R JR - Form 4

| FANNING R Form 4 May 16, 2005 | | R | | | | | | | | | |
|---|------------|---|---------------|--|---|---|----------|--|---|------------------------|--|
| FORM | Δ | | | | | | | | | PPROVAL | |
| | UNII | ED STATH | | | AND EX(, D.C. 20 | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer CTATENTED OF CHANCES IN DENEELOLAL OWNERSHIP OF | | | | | | | Expires: | January 31, 2005 | | | |
| subject to Section 10 | | | | | | | | Estimated a burden hou | average | | |
| Form 4 or Form 5 | Form 4 or | | | | | | | | response | 0.5 | |
| Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | | | | |
| may conti <i>See</i> Instru 1(b). | nue. | | n) of the Inv | • | • | - · | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| FANNING ROBERT R JR Symbol HEALT | | | | er Name and Ticker or Trading TH CARE PROPERTY TTORS INC [HCP] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | _X_Director10% Owner Officer (give titleOther (specify below)below) | | | | | |
| | | | | | | | | | | | |
| (Street) 4. If Amendment Filed(Month/Day/ | | | | | Day/Year) Applicable Line) _X_Form filed by | | | | loint/Group Filing(Check One Reporting Person More than One Reporting | | |
| LONG BEA | CH, CA 908 | 06 | | | | | | Person | | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-I | Derivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | | n Date 2A. D Year) Execu any (Mont | | Code (Instr. 8) | 4. Securi ionAcquired Disposed (Instr. 3, 7 Amount | l (A) o l of (D 4 and (A) or |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 05/12/2005 | <u>j(1)</u> | | А | 3,000 | A | \$0 | 47,000 | 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)

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| 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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| FANNING ROBERT R JR 3760 KILROY AIRPORT WAY LONG BEACH, CA 90806 | Х | | | |
| Signatures | | | | |
| Alan C. Vital, Power of Attorney Fanning, Jr. | 05/16/2005 | | | |
| <u>**</u> Signature of Reporting | 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) Restricted stock grants vest annually in 25% increments commencing on the first anniversary of the grant date (May 12, 2006).

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.