#### Edgar Filing: HEALTH CARE PROPERTY INVESTORS INC - Form 4

#### HEALTH CARE PROPERTY INVESTORS INC

Form 4 May 24, 2005

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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**OMB APPROVAL** 

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **ROATH KENNETH B** 

2. Issuer Name and Ticker or Trading Symbol

Issuer

5. Relationship of Reporting Person(s) to

**HEALTH CARE PROPERTY INVESTORS INC [HCP]** 

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

\_X\_\_ Director Officer (give title below)

10% Owner Other (specify

(Month/Day/Year) 3760 KILROY AIRPORT WAY 05/20/2005

(2)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

LONG BEACH, CA 90806

(City)	(State)	(Zip) Tal	ole I - Non-	Derivative S	Securi	ities Acquire	d, Disposed of, o	or Beneficially	<b>Owned</b>
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	onDisposed of (Instr. 3, 4)	f (D) and 5) (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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/20/2005		Code V M	Amount 100,000	(D)	Price \$ 17.925	516,922	D	
Common Stock	05/20/2005		D	100,000	D	\$ 26.7008 (1)	416,922	D	
Common Stock	05/23/2005		M	180,000	A	\$ 17.925	596,922	D	
Common Stock	05/23/2005		D	180,000	D	\$ 27.0532	416,922	D	

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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)

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)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Common Stock	\$ 17.925	05/20/2005		M		100,000	(3)	05/07/2008	Common Stock	100,000
Common Stock	\$ 17.925	05/23/2005		M		180,000	(3)	05/07/2008	Common Stock	180,000

# **Reporting Owners**

Reporting Owner Name / Address	Keiationsnips						
	Director	10% Owner	Officer	Other			

ROATH KENNETH B 3760 KILROY AIRPORT WAY X LONG BEACH, CA 90806

## **Signatures**

By Alan C. Vital, Power of Attorney for Kenneth B.
Roath
05/24/2005

\*\*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).

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- (1) Represents the average sales price ranging from \$26.70 \$26.80.
- (2) Represents the average sales price ranging from \$27.00 \$27.13.
- (3) Shares vested annually at a rate of 20% per year commencing on January 2, 2003 (the first anniversary of the grant date) and 100% became fully exercisable upon Mr. Roath's retirement as an employee of the company on May 8, 2005.

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.

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