#### Edgar Filing: NATIONWIDE HEALTH PROPERTIES INC - Form 4

#### NATIONWIDE HEALTH PROPERTIES INC

Form 4

February 01, 2007

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

3235-0287 Number:

January 31, Expires: 2005

0.5

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response...

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

obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

SAMUELSON JACK D

2. Issuer Name and Ticker or Trading

Symbol

NATIONWIDE HEALTH PROPERTIES INC [NHP]

Issuer

below)

(Check all applicable)

(Last)

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

(Month/Day/Year) 01/30/2007

X\_ Director 10% Owner Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

610 NEWPORT CENTER DRIVE.

(Street)

**SUITE 1150** 

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 Form filed by More than One Reporting

NEWPORT BEACH, CA 92660

(City) (State) (Zip)

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

Person

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities (Instr. 3) Code Disposed of (D) (Instr. 3, 4 and 5) Owned (Month/Day/Year) (Instr. 8) Following

6. Ownership 7. Nature of 5. Amount of Form: Direct Indirect Beneficially (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

D

Reported Transaction(s)

(A) or (Instr. 3 and 4) Price (D)

Code V Amount 86,232.4234 Common 01/30/2007 \$0 3,000 Α Stock (2) (1)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	ınd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amount of		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		;		Securities		(Instr. 5)	Bene
	Derivative				Securities	3	(Ins				Own
	Security				Acquired (A) or						Follo
											Repo
					Disposed						Trans
				of (D)							(Instr
					(Instr. 3, 4, and 5)						
								٨٠	ma a u m t		
									mount		
						Date	Expiration	or			
						Exercisable	Date	Title Number of			
				G 1 17	(A) (D)						
				Code V	(A) (D)			Sh	nares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SAMUELSON JACK D 610 NEWPORT CENTER DRIVE, SUITE 1150 X NEWPORT BEACH, CA 92660

## **Signatures**

/s/ Jack D.

Samuelson 01/31/2007

\*\*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) Amount includes shares acquired through NHP DRIP program.
- Grant of restricted stock units payable solely in NHP common stock. The restricted stock units will vest with respect to 33 1/3% of the (2) units on the first anniversary of the date of grant and each year thereafter so that the units will be fully vested on the third anniversary of the date of grant.

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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