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

#### HEALTH CARE PROPERTY INVESTORS INC

Form 4

Stock

Stock

Stock

Common

Common

November 28, 2006

FORM	<b>1</b> Δ								_	APPROVA	٩L	
	UNITED	STATES		RITIES A shington,			NGE	COMMISSIO	N OMB Number:	3235	-0287	
Check the if no lon	ger	<u> </u>								Janua	ry 31, 2005	
subject t Section Form 4 o	51A1EN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden h	Estimated average burden hours per response		
Form 5 obligation may con See Instruction 1(b).	ons Section 17(	(a) of the	Public U		ding Com	pany	Act	ge Act of 1934, of 1935 or Secti 40	·		0.5	
(Print or Type	Responses)											
FLAHERTY JAMES F III Syn			Symbol HEALT	2. Issuer Name <b>and</b> Ticker or Trading ymbol [EALTH CARE PROPERTY NVESTORS INC [HCP]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) (First) (Middle) 3.			3. Date of (Month/D	Date of Earliest Transaction  Month/Day/Year)  1/26/2006				_X Director 10% Owner Specify below)				
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LONG BEA	ACH, CA 90806							•	More than One			
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Benefici	ially Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)  (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficial Ownershi (Instr. 4)	l	
Common	11/26/2006			Code V M	Amount 11,700	(D)	Price \$ 0	(Instr. 3 and 4) 645,944.28	D			

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 required to respond unless the form

2,400

573

Ι

Ι

Irrevocable

IRA Held by

(9-02)

Trust

Spouse

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# 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)

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. Transactic Code (Instr. 8)	5. Number of orDerivative 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. D Se (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	11/26/2006		M	11,700	(2)	(3)	Common Stock	11,700	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 0	Director	10% Owner	Officer	Other			
FLAHERTY JAMES F III 3760 KILROY AIRPORT WAY, SUITE 300 LONG BEACH, CA 90806	X		President and CEO				

### **Signatures**

Edward J. Henning, Power of Attorney for James F.
Flaherty III

\*\*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)** 1 for
- (2) Restricted stock units vest 20% each year, subject to continued employment, on November 26, 2006 and thereafter on October 26, 2007, 2008, 2009 and 2010.
- (3) Underlying common stock is deliverable upon a distribution date timely elected by the reporting person, which date must be later than the vesting date.

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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