SAMUELSON JACK D

Form 4

February 10, 2010

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

Number:

3235-0287

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January 31, 2005

0.5

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response...

if no longer subject to Section 16. Form 4 or

Check this box

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 \* SAMUELSON JACK D

2. Issuer Name and Ticker or Trading

Symbol

NATIONWIDE HEALTH PROPERTIES INC [NHP] 5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

02/08/2010

X\_ Director Officer (give title

10% Owner Other (specify

610 NEWPORT CENTER DRIVE.

(Street)

(State)

**SUITE 1150** 

(City)

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

Person

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

below)

NEWPORT BEACH, CA 92660

		1 401	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficiary Ow						
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	es	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or			Securities	Ownership	Indirect	
(Instr. 3)		any	Code	Disposed of (D)		Beneficially	Form: Direct	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned	(D) or	Ownership	
						Following	Indirect (I)	(Instr. 4)	
					(A)	Reported	(Instr. 4)		
					(A)	Transaction(s)			
			Code V		or (D) Price	(Instr. 3 and 4)			
			Code v	Amount (	(D) Price			т 1	
								Jack	

Common Samuelson 86,625.7173 02/08/2010 Α 3,000 I Stock (2) (1) Family Trust

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.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired					Follo	
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title Number			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

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

### **Signatures**

/s/ Jack D.

Samuelson 02/10/2010 \*\*Signature of Date Reporting Person

### **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 5,635.1208 shares not previously reported 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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