KHOURY ABDO H

Form 4 June 15, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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

may continue.

See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * KHOURY ABDO H	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) 610 NEWPORT CENTER DRIVE, SUITE 1150	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2010	Director 10% OwnerX Officer (give title Other (specify below) EVP, CFO, Chief Portfolio Off.		
(Street) NEWPORT BEACH, CA 92660	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		

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4)	sposed	of (D)	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	06/11/2010		M	50	A	\$ 21.29	117,850.5347	D	
Common Stock	06/11/2010		M	11,033	A	\$ 25.4	128,883.5347	D	
Common Stock (1)	06/11/2010		F	8,779	D	\$ 36.07	120,104.5347	D	
Common Stock							3,000	I	Trust

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

Edgar Filing: KHOURY ABDO H - Form 4

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. 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 Underlying Securition (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Options - Right to Buy	\$ 21.29	06/11/2010		M	50	10/19/2005(2)	10/19/2014	Common Stock	50
Employee Stock Options - Right to Buy	\$ 25.4	06/11/2010		M	11,033	02/10/2010	02/10/2019	Common Stock	11,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KHOURY ABDO H 610 NEWPORT CENTER DRIVE, SUITE 1150 NEWPORT BEACH, CA 92660

EVP, CFO, Chief Portfolio Off.

Signatures

/s/ Abdo H. 06/15/2010 Khoury

**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)

Reporting Owners 2

Edgar Filing: KHOURY ABDO H - Form 4

Shares withheld by NHP to cover exercise price of stock options exercised and tax withholding due in connection with the gain on non-qualified stock options exercised.

(2) The options became exercisable in three tranches on October 19, 2005, October 19, 2006 and October 19, 2007.

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.