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NATIONWIDE HEALTH PROPERTIES INC

Form 4

January 03, 2008

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

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OMB APPROVAL

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 * KHOURY ABDO H

2. Issuer Name and Ticker or Trading

Symbol

NATIONWIDE HEALTH PROPERTIES INC [NHP]

5. Relationship of Reporting Person(s) to

(Check all applicable)

SVP and CFO

(Last)

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

X_ Officer (give title below)

Issuer

10% Owner Other (specify

610 NEWPORT CENTER DRIVE,

(Street)

(State)

SUITE 1150

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Director

Filed(Month/Day/Year)

(Month/Day/Year)

01/02/2008

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

NEWPORT BEACH, CA 92660

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Approximately 1.	of (D)	red (A)	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 (1)	01/02/2008		F	15,823.91	D	\$ 31.2	85,873.1673 (2)	D			
Common Stock							7,170.5674	I	Trust		
Common Stock							2,250	I	Held in 401k Plan		

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

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SEC 1474 (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Number Expiration Date		Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A mannt		
									Amount		
						Date Exercisable	Expiration Date	Title	or Number		
									of		
				Codo V	(A) (D)						
				Code V	(A) (D)				Shares		

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

SVP and CFO

Signatures

/s/ Abdo H. 01/03/2008 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) Shares withheld by NHP to cover tax withholding due in connection with the vesting of restricted stock units previously awarded.
- Includes 3,992.93 stock units that were credited as dividend equivalents with repect to certain outstanding and unpaid stock units held by (2) the reporting person. Each such stock unit represents a right to receive one share of NHP common stock and is subject to the same vesting and payment terms as the underlying stock units to which it relates.

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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