Edgar Filing: HCP, INC. - Form 4

HCP, INC.											
Form 4											
February 11	, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31, 2005	
subject t Section	AENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Section 17(a) of the Public Utility Holding Company Act of 30(h) of the Investment Company Act of 1940						1935 or Section	of 1934,				
(Print or Type	Responses)										
			2. Issue Symbol	I				5. Relationship of Reporting Person(s) to Issuer			
			HCP, INC. [HCP]					(Check all applicable)			
(Last)	(First) (A	Middle)		of Earliest T	ransaction			× ×	11 -		
								Director 10% Owner XOfficer (give title Other (specify below) below) EVP & CHIEF INVEST OFC/SH+CARE			
(Street) 4. If An			4. If Am	Amendment, Date Original 6				6. Individual or Joint/Group Filing(Check			
Filed(Mo IRVINE, CA 92614				•				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
IK VIIVL, C	A 72014							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Secur	rities Acqu	iired, 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)		Date, if	3.4. Securities Acquired (A)Transactionor Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	02/10/2016			Р	10,000	А	27.4667 (1)	7 35,854	D		

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

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.

 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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Hutchens James Justin 1920 MAIN STREET SUITE 1200 IRVINE, CA 92614			EVP & CHIEF INVEST OFC/SH+CARE					
Signatures								
Scott A. Graziano, VP, Legal (Attorney-In-Fact)			02/11/2016					
**Signature of Reporting Pers	on		Date					
Evaloretion of De								

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).
- The price reported in Column 4 is a weighted average sales price. These shares were purchased in multiple transactions at prices ranging
 from \$27.326 to \$27.728. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the SEC, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.

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.