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MILLER CHARLES D

Form 5

February 10, 2010

OMB APPROVAL FORM 5

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

Number: January 31, Expires: 2005

3235-0362

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

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

OMB

See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Filed(Month/Day/Year)

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

| 1. Name and Address of Reporting Person * MILLER CHARLES 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) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | |
| 610 NEWPO SUITE 1150 | | R DRIVE, | | | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Reporting | | | |

NEWPORT BEACH, CAÂ 92660

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

(check applicable line)

| (City) | (State) | (Zip) Tabl | e I - Non-Deri | vative Sec | curitie | s Acqu | ired, Disposed | of, or Benefici | ally 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. Securi Acquired Disposed (Instr. 3, | (A) of (D) 4 and (A) or |) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 12/29/2008 | Â | G | 100 | D | \$0 | 112,645 | D | Â |
| Common Stock | 01/20/2009 | Â | G | 2,000 | D | \$0 | 110,645 | D | Â |
| Common Stock | 01/21/2009 | Â | G | 400 | D | \$0 | 110,245 | D | Â |
| Common | 01/27/2009 | Â | G | 2,000 | D | \$0 | 108,245 | D | Â |

| Stock | (1) |
|-------|-----|
| DIUCK | |

| Common Stock | 01/27/2009 | Â | G | 1,000 | A | \$0 | 4,650 | I | The Mandycan Trust |
|-----------------|------------|---|---|-------|---|-----|-------|---|--------------------------|
| Common Stock | 01/27/2009 | Â | G | 1,000 | A | \$0 | 4,650 | I | The Candyman Trust |

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.

SEC 2270 (9-02)

9. of D So

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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 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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|----------------------------------------|-----------------------------------------------------|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Relationshins

Reporting Owners

| Reporting Owner Name / Address | | прэ | | |
|-------------------------------------------------------------------------------------|----------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| MILLER CHARLES D 610 NEWPORT CENTER DRIVE, SUITE 1150 NEWPORT BEACH, CA 92660 | ÂΧ | Â | Â | Â |

Signatures

/s/ Charles D.
Miller

**Signature of Reporting Person

O2/10/2010

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) This transaction represents gifts by the reporting person of 1,000 shares to each of the Mandycan Trust and the Candyman Trust.

Reporting Owners 2

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Note: File three copies of this Form, one of which must be manually signed. If space provided 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.