### Edgar Filing: HCP, INC. - Form 4

HCP, INC.												
Form 4												
February 03,	, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o	ser <b>STATI</b> 6.	EMENT O	F CHAN	GES IN SECUR	Expires: January 31 200 Estimated average burden hours per response 0.							
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Klaritch Thomas			2. Issuer Name <b>and</b> Ticker or Trading Symbol HCP, INC. [HCP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					k an applicable)				
1920 MAIN	(Month/Day/Year) 02/01/2016					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President 6. Individual or Joint/Group Filing(Check Applicable Line) _X Form filed by One Reporting Person						
				Amendment, Date Original l(Month/Day/Year)								
IRVINE, CA	A 92614							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/D		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			l of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	02/01/2016			А	23,187 (1)	А	\$ 0 <u>(2)</u>	199,463	D			
Common Stock	02/02/2016			F	1,547 (3)	D	\$ 36.23	197,916	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.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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					
1 0	Director	10% Owner	Officer	Other		
Klaritch Thomas 1920 MAIN STREET SUITE 1200 IRVINE, CA 92614			Executive Vice President			
Signatures						
Scott A. Graziano, VP, Legal (Attorney-In-Fact)			02/03/2016			
**Signature of Reporting Pers	on		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) Restricted stock units vest one third annually commencing on the first anniversary of the February 1, 2016 grant date.
- (2) Each restricted stock unit represents the right to receive one share of common stock subject to the specified vesting schedule.
- (3) Represents the amount of shares forfeited for applicable tax withholding requirements in connection with the vesting of restricted stock units granted on February 2, 2015.

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.