### Edgar Filing: DOYLE WILLIAM K - Form 4

DOYLE WI Form 4	LLIAM K											
June 16, 200	06											
FORM			CECU					NCE			PPROVAL	
	UNITED	SIAIES				ND EX , D.C. 2		INGE (	COMMISSION	OMB Number:	3235-0287	
Check this box				c						Expires:	January 31, 2005	
subject to Section 1 Form 4 c Form 5		SEC	CUR	RITIES			NERSHIP OF e Act of 1934,	Estimated burden hou response	average Jrs per			
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(	a) of the l		tility 1	Holo	ding Co	mpan	y Act of	f 1935 or Section	n		
(Print or Type ]	Responses)											
1. Name and A DOYLE W	Address of Reporting	Person <u>*</u>	Symbol			I Ticker o		ing	5. Relationship of Issuer	Reporting Per	rson(s) to	
			NATIONWIDE HEALTH PROPERTIES INC [NHP]						(Check all applicable)			
(Last)	(Month/E					ransaction	l		X_ Director Officer (give below)		% Owner her (specify	
610 NEWP	ORT CENTER D 0	RIVE,	06/14/2	2006								
	(Street)		4. If Ame Filed(Mo			-	al		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting P	erson	
NEWPORT	TBEACH, CA 92	660							Person	fore than one R	eporting	
(City)	(State)	(Zip)	Tab	le I - N	on-E	Derivative	e Secu	rities Acq	uired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr.	8)	4. Secur n(A) or D (Instr. 3,	A and (A) or	ed 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	06/14/2006			Р	V	400	А	\$ 21.25	1,400	Ι	Hermman Trust <u>(1)</u>	
Common Stock									18,150.9473	D		
Common Stock									148.0824	Ι	Son's IRA	
Common Stock									536.7568	I	Son's Trust $(3)$	
Common Stock									2,000	I	Passell Trust (4)	

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DOYLE WILLIAM K 610 NEWPORT CENTER DRIVE, SUITE 1150 NEWPORT BEACH, CA 92660	Х						
Signatures							
S/William V							

/S/ William K.	
Doyle	06/16/2006
<u>**</u> Signature of Reporting Person	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) The reporting person disclaims beneficial ownership of these shares held indirectly by a trust in which such reporting person's wife is trustee.
- (2) The reporting person disclaims beneficial ownership of these shares held indirectly by such reporting person's son.
- (3) The reporting person disclaims beneficial ownership of these shares held indirectly by a trust in which such reporting person's wife is trustee.
- (4) The reporting person disclaims beneficial ownership of these shares held indirectly by a trust in which such reporting person's wife is trustee.

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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.