

NATIONWIDE HEALTH PROPERTIES INC

Form 4

February 25, 2003

| |
|--|
| OMB APPROVAL |
| OMB Number: 3235-0287 |
| Expires: January 31, 2005 |
| Estimated average burden hours per response...0.5 |

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549**

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**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**

- Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

| | | |
|---|--|--|
| 1. Name and Address of Reporting Person* <i>(Last, First, Middle)</i> Paulson, Robert D. <hr/> | 2. Issuer Name and Ticker or Trading Symbol Nationwide Health Properties, Inc. (NHP) <hr/> | 3. I.R.S. Identification Number of Reporting Person, if an entity <i>(Voluntary)</i> <hr/> |
| Nationwide Health Properties, Inc. 610 Newport Center Drive, Suite 1150 <hr/> _____ <i>(Street)</i> | 4. Statement for <i>(Month/Day/Year)</i> February 21, 2003 <hr/> | 5. If Amendment, Date of Original <i>(Month/Day/Year)</i> <hr/> |
| Newport Beach, CA 92660 <hr/> _____ <i>(City) (State) (Zip)</i> | 6. Relationship of Reporting Person(s) to Issuer <i>(Check All Applicable)</i> <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <i>(give title below)</i> <input type="checkbox"/> Other <i>(specify below)</i> <hr/> | 7. Individual or Joint/Group Filing <i>(Check Applicable Line)</i> <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person |

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

* If the form is filed by more than one reporting person, *see* instruction 4(b)(v).

Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security <i>(Instr. 3)</i> | 2. Transaction Date <i>(Month/Day/Year)</i> | 2a. Deemed Execution Date, if any. <i>(Month/Day/Year)</i> | 3. Transaction Code <i>(Instr. 8)</i> | 4. Securities Acquired (A) or Disposed of (D) <i>(Instr. 3, 4 and 5)</i> | 5. Amount of Securities Beneficially Owned Following Reported Transactions(s) <i>(Instr. 3 and 4)</i> | 6. Ownership Form: Direct (D) or Indirect (I) <i>(Instr. 4)</i> | 7. Nature of Indirect Beneficial Ownership <i>(Instr. 4)</i> |
|---|--|---|--|---|--|--|---|
|---|--|---|--|---|--|--|---|

| | | | Code | V | Amount | (A) or (D) | Price | | | |
|------------------------------|---------|--|------|---|--------|------------|-------|-------|---|-----------|
| \$.10 par value common stock | 2/21/03 | | A | | 2,000 | A | 13.33 | 4,000 | I | Trust (1) |

| | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|-------|---|--|
| \$.10 par value common stock | | | | | | | | 2,000 | D | |
|------------------------------|--|--|--|--|--|--|--|-------|---|--|

Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security <i>(Instr. 3)</i> | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date <i>(Month/Day/Year)</i> | 3a. Deemed Execution Date, if any <i>(Month/Day/Year)</i> | 4. Transaction Code <i>(Instr. 8)</i> | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) <i>(Instr. 3, 4 and 5)</i> |
|--|--|--|--|--|--|
|--|--|--|--|--|--|

| Code | V | (A) | (D) |
|------|---|-----|-----|
|------|---|-----|-----|

Edgar Filing: NATIONWIDE HEALTH PROPERTIES INC - Form 4

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Page 4