LTC PROPERTIES INC Form 3 June 11, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person <u>*</u> Chappell Brent P.			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol LTC PROPERTIES INC [LTC]				
(Last)	(First)	(Middle)	06/09/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
2829 TOWNSGATE RD STE 350			(Check all applicable)			Thea(monus Day, real)		
WESTLAK VILLAGE, <i>i</i>		361		.e	United States (10%) (Specify below) (Specify b	ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common St	tock		7,500		D	Â		
Reminder: Rep owned directly			ach class of securities benefic	ially S	EC 1473 (7-02)		
	inform	nation conta	pond to the collection of ained in this form are not and unless the form displ					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		(11150. 4)	Derivative	Security:	
		Title	Security	Direct (D)	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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or Indirect (I) (Instr. 5)

Date	Expiration	Amount or
Exercisable	Date	Number of
		Shares

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Chappell Brent P. 2829 TOWNSGATE RD STE 350 WESTLAKE VILLAGE, CA 913	Â 861	Â	SVP, Inv. & Portfolio Mgmt	Â			
Signatures							
/s/ Brent P. 06/11/201 Chappell	.4						
**Signature ofDateReporting Person							
Explanation of Poon	oncoci						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.