### Edgar Filing: SULLIVAN KATHRYN M - Form 3

## SULLIVAN KATHRYN M Form 3 February 13, 2019 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

## 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> SULLIVAN KATHRYN M			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol WELLTOWER INC. [WELL]					
(Last) (Fin	rst)	(Middle)	02/07/2019		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
4500 DORR STR (Str TOLEDO, OH/	eet)	5			(Check Directo Officer (give title below	Other	Owner	<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> <li>Reporting Person</li> </ul>		
(City) (Sta	ate)	(Zip)		Table I - N	lon-Derivat	tive Securiti	es Be	eneficially Owned		
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	1		
No securities are	benefic	cially own	ed.	0		D	Â			
Reminder: Report on owned directly or ind		te line for ea	ch class of secu	rities benefici	ially S	SEC 1473 (7-02	)			
	informa require	ation conta d to respo	oond to the c ained in this f nd unless the MB control nu	orm are not e form displa						
Table	II - Deriv	vative Secur	rities Beneficia	lly Owned (e.	g., puts, calls,	, warrants, opt	ions, c	convertible securities)		

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)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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Shares

(I) (Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
SULLIVAN KATHRYN M 4500 DORR STREET TOLEDO, OH 43615	ÂX	Â	Â	Â			
Signatures							
By Matthew G. McOueen, Attorney-in-Fact For: Kathryn							

vialliew G. McQueen, Allorney-in-Fact For: Kathryn Sullivan

\*\*Signature of Reporting Person

02/13/2019

Date

## **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.