Care Capital Properties, Inc.

Form 3 July 31, 2015

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Care Capital Properties, Inc. [CCP WI]  **VENTAS INC** (Month/Day/Year) 07/31/2015 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) **353 N. CLARK** (Check all applicable) STREET, Â SUITE 3300 (Street) 6. Individual or Joint/Group \_X\_\_ 10% Owner Director Officer Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting Person CHICAGO, ILÂ 60654 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 4. Nature of Indirect Beneficial

1. Title of Security (Instr. 4)

Beneficially Owned (Instr. 4)

Ownership Form: Direct (D)

Ownership (Instr. 5)

or Indirect (I) (Instr. 5)

Common Stock 100 (1) (2) I

Held through Nationwide Health

Properties, LLC (3)

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

SEC 1473 (7-02)

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

2. Date Exercisable and 3. Title and Amount of 1. Title of Derivative Security 4. 5. **Expiration Date** Securities Underlying Ownership (Instr. 4) Conversion (Month/Day/Year) Derivative Security or Exercise (Instr. 4)

Form of Price of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative

1

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Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of or Indirect
Shares (I)

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

VENTAS INC 353 N. CLARK STREET SUITE 3300 CHICAGO, ILÂ 60654

Â X Â Â

## **Signatures**

Kristen M. Benson, Senior Vice President, Associate General Counsel and Corporate Secretary

07/31/2015

\*\*Signature of Reporting Person

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).
- This Form 3 is being filed in connection with the SEC's declaration of effectiveness of the Registration Statement on Form 10 of Care Capital Properties, Inc. ("CCP"), which describes the planned separation of CCP from Ventas, Inc. ("Ventas").
  - Pursuant to CCP's Certificate of Incorporation (as amended), effective as of 11:59 p.m., EDT, on the date set by resolution of the Board of Directors of Ventas as the record date for the distribution of shares of CCP common stock owned by Ventas to holders of Ventas common stock (such time, the "Effective Time"), the 100 shares of CCP common stock held prior to the Effective Time by Nationwide Health
- (2) Properties, LLC ("NHP"), a wholly-owned subsidiary of Ventas, shall, automatically by operation of law and without any further action on the part of CCP, NHP or Ventas by subdivided and converted into a number of shares of validly issued, fully paid and non-assessable shares of CCP common stock equal to the number of shares of common stock, par value \$0.25, of Ventas, issued and outstanding, not including shares of treasury stock, as of the Effective Time, divided by four (4).
- (3) These shares are owned indirectly through NHP, a Delaware limited liability company, which is wholly-owned subsidiary of the Reporting Person.

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.

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