

NATIONWIDE HEALTH PROPERTIES INC

Form 4

March 13, 2003

OMB APPROVAL
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**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 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* Andrews R. Bruce <hr/> <i>(Last) (First) (Middle)</i> c/o Nationwide Health Properties 610 Newport Center Drive, Suite 1150 <hr/> <i>(Street)</i>	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 (Voluntary) <hr/>
Newport Beach, CA 92660 <hr/> <i>(City) (State) (Zip)</i>	4. Statement for Month/Day/Year March 12, 2003 <hr/>	5. If Amendment, Date of Original (Month/Day/Year) <hr/>
x Director <input type="radio"/> 10% Owner x Officer <i>(give title below)</i> o Other <i>(specify below)</i> President and Chief Executive Officer <hr/>	6. Relationship of Reporting Person(s) to Issuer (Check All Applicable)	7. Individual or Joint/Group Filing (Check Applicable Line) x Form Filed by One Reporting Person o 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).
