SEC Form 3

## FORM 3

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

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

Cl 11 D 5 tatement			2. Date of Event Requiring Statement (Month/Day/Year) 06/09/2014	3. Issuer Name and Ticker or Trading Symbol <u>LTC PROPERTIES INC</u> [ LTC ]				
(Last) (First) (Middle) 2829 TOWNSGATE RD STE 350			4. Relationship of Reporting Person( (Check all applicable) Director X Officer (give title below) SVP, Inv, & Portfol		10% Owner Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WESTLAKE VILLAGE	СА	91361				C C	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(City)	(State)	(Zip)					Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned								
				t of Securities	3. Ownership	4. Nature of Indirect Beneficial Ownership (Instr.		

	Denencially Owned (matt. 4)	Indirect (I) (Instr. 5)	3,	
mmon Stock	7,500	D		

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

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

xplanation of Responses:

Co

/s/ Brent P. Chappell \*\* Signature of Reporting Person 06/11/2014 Date

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

 $^{\star}$  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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5