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

			The Investment Company Act of 1940				
1. Name and Address of Reporting Person [*] <u>Preber Bradley J</u>	2. Date of Event Re Statement (Month/D 05/22/2024		3. Issuer Name and Ticker or Trading <u>LTC PROPERTIES INC</u>				
(Last) (First) (Middle) 3011 TOWNSGATE RD STE 220			4. Relationship of Reporting Person(s (Check all applicable) X Director Officer (give title below)	s) to Issuer 10% Owner Other (specif below)		5. If Amendment, Dat (Month/Day/Year)	e of Original Filed
(Street) WESTLAKE CA 91361						Form filed by	Group Filing (Check 9 One Reporting Person 9 More than One Reporting
(City) (State) (Zip)						Person	
	Table I - No	n-Derivat	tive Securities Beneficially	Owned			
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/)	ate	3. Title and Amount of Securities Derivative Security (Instr. 4)	Underlying	4. Convers or Exerc	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Explanation of Responses:							

No securities are beneficially owned.

/s/ Bradley J. Preber

05/24/2024

Date

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 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 0.5 hours per response:

** Signature of Reporting Person