Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting I	ssuer				<u> </u>		
1 Issuer's name			2 Issuer's employer identification number (EIN)				
WELLTOWER INC.		34-1096634					
3 Name of contact for additional information 4			Telephone No. of contact		5 Email address of contact		
LISA SCHMALTZ			419-247-2800		LSCHMALTZ@WELLTOWER.COM		
6 Number and street (or P	.O. box if mail is not	t	7 City, town, or post office, state, and ZIP code of contact				
4500 DORR STREET					TOLEDO, OH 43615		
8 Date of action	9 Class	9 Classification and description					
SEE BELOW			COMMON STOCK DIVIDENDS				
10 CUSIP number 11 Serial number(s)		s)	12 Ticker symbol 1		13 Account number(s)		
95040Q104 N/A			HCN		N/A		
14 Describe the organizat	ional action and, if a	pplicable, the		e date agair	k of form for additional questions. nst which shareholders' ownership is measured for IRING 2017		
share or as a percenta	ge of old basis ▶ TI			-	ne hands of a U.S. taxpayer as an adjustment per THE SECURITIES IN THE HANDS OF THE US		
TAXPAYER(S) AS FOLLOW	VS:						
PAYMENT DATE RETUR	N OF CAPITAL						
02/21/2017 \$0.023213							
05/22/2017 \$0.0232							
08/21/2017 \$0.0232 11/20/2017 \$0.0232							
valuation dates ► WEI	LLTOWER INC.'S E L ESTATE INVESTM	ARNINGS AI MENT TRUST	ND PROFITS WERE CAL TS). DISTRIBUTIONS TO	LCULATED	Such as the market values of securities and the DUNDER IRC SECTIONS 312 (AS MODIFIED BY I SHAREHOLDERS IN EXCESS OF EARNINGS		

Part		Organizational Action (conti	inued)			
		applicable Internal Revenue Code s	section(s) and subsection(s) upon which the tax	treatment is base	ed ▶
IRC SE						
IRC SE	CTION	J 316				
18 Ca	an any	resulting loss be recognized? ►	THE DISTRIBUTION WILL	NOT RESULT IN A	LOSS.	
40 D					-l- + M/	ELLTOWED INC. A DEAL
		any other information necessary to				
					TO ITS COMMC	ON SHAREHOLDERS DURING ITS
FISCAL	YEAI	R COMMENCING JANUARY 1, 20	17 AND ENDING DECEME	BER 31, 2017.		
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-						
	Linde	r penalties of perium. I declare that I ha	ve examined this return, include	ding accompanying sch	adules and stateme	ents, and to the best of my knowledge and
		i, it is true, correct, and complete. Declare				
Sign						
Here		_{tture▶} / s / Michael A. Ga	rst		1	/17/18
11010	Signa	iture •			Date ►	, 11, 10
		, BAIQUAEL A GARGE				AV
	Print	your name MICHAEL A. GARST	Dranauaria -:		Title ► VP - T	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if PTIN
Prepa	rer					self-employed
Use C		Firm's name ►				Firm's EIN ▶
	,	Firm's address ▶				Phone no.
Send Fo	rm 89	337 (including accompanying statem	nents) to: Department of th	e Treasury, Internal R	evenue Service,	Ogden, UT 84201-0054