

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2013-05-16** | Period of Report: **2013-05-15**
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REPORTING OWNER

Hanson Jeffrey T

CIK: **1371918**

Type: **4** | Act: **34** | File No.: **000-54371** | Film No.: **13852729**

Mailing Address

*1551 N. TUSTIN AVENUE
SUITE 200
SANTA ANA CA 92705*

ISSUER

Griffin-American Healthcare REIT II, Inc.

CIK: **1455271** | IRS No.: **264008719** | State of Incorporation: **MD** | Fiscal Year End: **1231**
SIC: **6798** Real estate investment trusts

Mailing Address

*4000 MACARTHUR
BOULEVARD
WEST TOWER, SUITE 200
NEWPORT BEACH CA 92660*

Business Address

*4000 MACARTHUR
BOULEVARD
WEST TOWER, SUITE 200
NEWPORT BEACH CA 92660
949-270-9200*

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

1. Name and Address of Reporting Person Hanson Jeffrey T			2. Issuer Name and Ticker or Trading Symbol Griffin-American Healthcare REIT II, Inc. [NONE]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) CEO & Chairman of the Board		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2013			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person		
C/O GRIFFIN-AMERICAN HEALTHCARE REIT II, INC., 4000 MACARTHUR BLVD., WEST # 200			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) NEWPORT BEACH, CA 92660								
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	05/15/2013		P	(1)	54,360	A	\$9.198	271,836	I	By Hanson Family Trust Dated June 14, 2005 (2)
Common Stock								63,636	D (3)	
Common Stock								10,872	D (4)	
Common Stock								24,214	I	By April L. Hanson (5)
Common Stock								1,000	I	By NCT-107, LLC (6)
Common Stock								17,278	I	By American Healthcare Investors LLC (7)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

Explanation of Responses:

- The reported shares of common stock were acquired through the Issuer's follow-on public offering at \$9.198 per share, reflecting the elimination of selling commissions and the dealer manager fee in connection with such transaction.
- The reported shares of common stock are held directly by Hanson Family Trust, Dated June 14, 2005, and indirectly by Jeffrey T. Hanson and April L. Hanson, Trustees.
- Mr. Hanson owns these shares of common stock through his investment retirement accounts.
- Mr. Hanson owns these shares of common stock through his 401K account.
- The reported shares of common stock are owned by April L. Hanson through her investment retirement account. April L. Hanson is the wife of the reporting person.
- The reported shares of common stock are owned directly by NCT-107, LLC, a charitable foundation of which Mr. Hanson is the manager. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for the purposes of Section 16 or for any other purpose.
- The reported shares of common stock are owned directly by American Healthcare Investors LLC, a limited liability company of which Mr. Hanson is a principal. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for the purposes of Section 16 or for any other purpose.

Signatures

/s/ Jeffrey T. Hanson

** Signature of Reporting Person

05/16/2013

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 4 (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.