## U.S. SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

FORM 5

## ANNUAL 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(f) of the Investment Company Act of 1940

[\_] Check box if no longer subject to

| [_] Sect                   | ion 16. Form 4 or Form                         | n 5 obligations ma                    | y continue.S               | ee Instruction 1(b).                       |                            |      |
|----------------------------|--|---------------------------------------|----------------------------|--|----------------------------|------|
| [_] Form                   | n 3 Holdings Reported                          |                                       |                            |  |                            |      |
| [X] Form                   | 1 4 Transactions Report                        | ed                                    |                            |  |                            |      |
|                            | and Address of Report                          |                                       |                            |  |                            |      |
| Plavin                     |  | Stephen                               | D                          |  |                            |      |
| (Last)                     |  |                                       | (M                         |  |                            |      |
|                            | Hills Road                                     |                                       |                            |  |                            |      |
|                            |  | (Street)                              |                            |  |                            |      |
| Short Hil                  | ls   | NJ                                    |                            | 07078                                      |                            |      |
| (City)                     |  | (State)                               |                            | (Zip)                                      |                            |      |
|                            | er Name and Ticker or                          |                                       |                            |  |                            |      |
|                            |  |                                       |                            |  |                            |      |
|                            | althcare Investors, Inc                        |                                       |                            |  |                            |      |
| 3. IRS                     | Identification Number                          | of Reporting Pers                     | on, if an En               | tity (Voluntary)                           |                            |      |
|                            |  |                                       |                            |  |                            |      |
|                            | ement for Month/Year                           |                                       |                            |  |                            |      |
|                            |  |                                       |                            |  |                            |      |
| 12/01                      |  |                                       |                            |  |                            |      |
| 5. If A                    | Amendment, Date of Orig                        | rinal (Month/Year)                    |                            |  |                            |      |
|                            |  |                                       |                            |  |                            |      |
|                            | ationship of Reporting                         |                                       |                            |  |                            |      |
|                            | eck all applicable)                            |                                       |                            |  |                            |      |
|                            | Director<br>Officer (give title b              |                                       | _] 10% Owne<br>_] Other (s | r<br>pecify below)                         |                            |      |
|                            |  |                                       |                            |  |                            |      |
| 7. Indi                    | vidual or Joint/Group                          |                                       |                            |  |                            |      |
|                            | eck applicable line)                           |                                       |                            |  |                            |      |
|                            | Form filed by one Rep<br>Form filed by more th |                                       | Person                     |  |                            |      |
|                            |  |                                       |                            |  |                            |      |
| ======                     |  |                                       | =======                    | =======================================    |                            |      |
|                            | Table I Non-Deriv<br>or                        | rative Securities<br>Beneficially Own |                            | sposed of,                                 |                            |      |
| =======<br><table></table> |  |                                       | =======                    | =======================================    |                            |      |
| <caption></caption>        | •  |                                       |                            |  | 5.                         | 6.   |
| Owner-                     |  |                                       |                            | 4.   | Amount of                  |      |
|                            |  |                                       |                            | Securities Acquired (A) or Disposed of (D) | Securities<br>Beneficially | ship |
| Form:                      | 7.   |                                       |                            | (Instr. 3, 4 and 5)                        | Owned at End               |      |
| Direct                     | Nature of                                      | 2.                                    | 3.                         |  |                            | (D)  |
|                            |  |                                       | ~ •                        |  | 11 100001 0                | (2)  |

| or Indirect  1. Indirect Beneficial Title of Security Ownership | Transaction Date | Transaction Code | Amount  | (A)     | Price   | Fiscal Year (Instr. 3 | (I)     |
|---|------------------|------------------|---------|---------|---------|-----------------------|---------|
| (Instr. 3)<br>(Instr.4) (Instr. 4)                              | (mm/dd/yy)       | (Instr. 8)       |         | (D)     |         | and 4)                |         |
| <s> <c></c></s>   | <c></c>          | <c></c>          | <c></c> | <c></c> | <c></c> | <c></c>               | <c></c> |
| Common Stock  | 12/01/01         | Α                | 712     | A *     | \$3.51  | 4,074                 | D       |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |
| =======================================                         |                  |                  |         |         |         |                       |         |
|   |                  |                  |         |         |         |                       |         |

  |  |  |  |  |  |  || \* Grant of Stock for payment of director fees. | | | | | | | | |
| If the form is filed by more than one Reporting Person, see Instruction  $4(b)(v).$ | | | | | | | | |
| Reminder: Report on a separate line owned directly or indirectly. | for each class | s of securities | beneficially | I |  |  |  |
| (Print or | Type Responses | 5) | (Over) | ) |  |  |  |
| FORM 5 (continued) | | | | | | | | |
| Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | |
<CAPTION>

<TABLE>

9. 10. Number Ownerof ship 2. Derivof 5. 7. Converative Deriv-11. Number of Title and Amount sion Securative Nature Derivative 6. of Underlying 8. ities or Securof Exer-Securities Date Securities Price Bene-

| ity:                     | In-      |         | _       |         |         |         |          |          |           |         | _       |          |
|--------------------------|----------|---------|---------|---------|---------|---------|----------|----------|-----------|---------|---------|----------|
| Direct                   | direct   | cise    | 3.      |         | Acquir  | red (A) | Exercisa | ble and  | (Instr. 3 | and 4)  | of      | ficially |
|                          |          | Price   | Trans-  | 4.      | or Dis  | posed   | Expirati | on Date  |           |         | Deriv-  | Owned    |
| (D) or<br>1.             | Bene-    | of      | action  | Trans-  | of (D)  |         | (Month/D | ay/Year) |           | Amount  | ative   | at End   |
| In-                      | ficial   |         |         |         |         |         |          | _        |           |         |         |          |
| Title of<br>direct       | Owner-   | Deriv-  | Date    | action  | (Instr  | :. 3,   |          |          |           | or      | Secur-  | of       |
| Derivati                 |          | ative   | (Month/ | Code    | 4 and   | 5)      | Date     | Expira-  |           | Number  | ity     | Year     |
| (I)<br>Security          |          | Secur-  | Day/    | (Instr. |         |         | Exer-    | tion     |           | of      | (Instr. | (Instr.  |
| (Instr.<br>(Instr.<br>4) | 3)<br>4) | ity     | Year)   | 8)      | (A)     | (D)     | cisable  |          | Title     | Shares  |         | 4)       |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
| <s><br/><c></c></s>      | <c></c>  | <c></c> | <c></c> | <c></c> | <c></c> | <c></c> | <c></c>  | <c></c>  | <c></c>   | <c></c> | <c></c> | <c></c>  |
| Options<br>(right t      |          |         |         |         |         |         |          |          |           |         |         | 11,000   |
|                          |          | <br>-   |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | -       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | _       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | -       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | _       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | -       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | _       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | -       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          | _       |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |
|                          |          |         |         |         |         |         |          |          |           |         |         |          |

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</TABLE>

Explanation of Responses:

| /s/ STEPHEN D. PLAVIN           | February 8, 2002 |
|---------------------------------|------------------|
|                                 |                  |
| **Signature of Reporting Person | Date             |

\*\* 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 provided is insufficient, see Instruction 6 for procedure.