Edgar Filing: Shea Keri A - Form 4

Shea Keri A	-											
Form 4 March 05, 2	013											
										OMB AF	PROVAL	
			STATES	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287	
Check th if no lon subject to Section 1 Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	iger 16. or ons S	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Response	es)										
1. Name and Address of Reporting Person <u>*</u> Shea Keri A		Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol AVALONBAY COMMUNITIES INC [AVB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O AVALONBAY COMMUNITIES, INC., BALLSTON TOWER, 671 N. GLEBE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013					Director 10% Owner X Officer (give title Other (specify below) VP-Finance and Treasurer			
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ARLINGTO	ON, VA	22203							Form filed by M Person	ore than One Re	porting	
(City)	(Sta	te)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		saction Date /Day/Year)		n Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	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)	
Stock, par value \$.01 per share	03/01/	/2013			F	229 <u>(1)</u>	D	\$ 126.21	7,593 <u>(2)</u>	D		

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

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 control

Edgar Filing: Shea Keri A - Form 4

number.

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. Transactio Code (Instr. 8)	of	s I	Date	Amou Unde Secur	tle and unt of crlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Reporting Owners												
1	Reporting Owner Name / Address Direct			or 10% O		Other						
BALLST	LONBAY	COMMUNITIES, R, 671 N. GLEBE 22203			V	/P-Finance a	and Treasu	ırer				
Signa	tures											
Catherine T. White, as attorney-in-fact under Power of Attorney date 2009						ly 13,	03/(05/20	13			
		**Signature of Reporting Person					Date					
Expla	nation	of Respo	nses:									
* If the f	orm is filed by	y more than one report	ting person, see Instr	uction 4(b)	(v).							
** Intenti	onal misstater	nents or omissions of f	facts constitute Fede	ral Crimina	l Violations	s. <i>See</i> 18 U.S.(C. 1001 and 1	15 U.S	.C. 78ff(a)	•		

- (1) Reflects withholding of shares by the Company to cover tax withholding obligations on the vesting of restricted stock under the Company's Stock Option and Incentive Plan.
- (2) The amount of securities owned following the reported transaction reflects direct ownership of all shares of common stock, including restricted shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.