## Edgar Filing: AVALONBAY COMMUNITIES INC - Form 4

| AVALONBA<br>Form 4<br>May 22, 2015   | AY COMMUN<br>5                    | NITIES INC   |   |                                       |   |  |             |  |  |   |  |
|--|-----------------------------------|--|---|---------------------------------------|---|--|-------------|--|--|---|--|
| <b>FORM</b><br>Check thi<br>if no long<br>subject to<br>Section 10<br>Form 4 or<br>Form 5<br>obligatior<br>may conti<br><i>See</i> Instru<br>1(b). | Was<br>F CHAN<br>Section 10       | hington,<br>GES IN I<br>SECUR<br>6(a) of the<br>ility Hold | D.C. 20<br>BENEFI<br>ITIES<br>e Securit<br>ling Com   | 549<br>CCIA<br>ies E<br>ipany         | L OW  | COMMISSION OMB<br>Number:<br>Expires:<br>Estimate<br>burden h<br>response<br>ge Act of 1934,<br>of 1935 or Section |             | •  |  |   |  |
| (Print or Type R   | lesponses)                        |  |   |                                       |   |  |             |  |  |   |  |
| 1  |                                   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>AVALONBAY COMMUNITIES<br>INC [AVB] |                                       |   |  |             | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |   |  |
| (Last) (First) (Middle)<br>C/O AVALONBAY<br>COMMUNITIES,<br>INC., BALLSTON TOWER, 671 N.<br>GLEBE ROAD   |                                   |  | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>05/20/2015                           |                                       |   |  |             | X Director<br>Officer (give<br>below)  |  | o Owner<br>er (specify  |  |
|  |                                   |  |   | ndment, Date Original<br>th/Day/Year) |   |  |             | <ol> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol> |  |   |  |
| ARLINGTO   | N, VA 22203                       |  |   |                                       |   |  |             | Form filed by M<br>Person  |  |   |  |
| (City)   | (State)                           | (Zip)  | Table   | e I - Non-D                           | erivative s   | Securi   | ities Ac    | quired, Disposed of  | , or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction I<br>(Month/Day/Ye | ar) Execution<br>any                                       | med<br>on Date, if<br>Day/Year)   | Code<br>(Instr. 8)                    | 4. Securi<br>onAcquirec<br>Disposed<br>(Instr. 3,<br>Amount | l (A) c<br>l of (D<br>4 and<br>(A)<br>or   | )           | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                 | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock, par<br>value \$.01<br>per share   | 05/20/2015                        |  |   | А                                     | 90  | A  | \$ 0<br>(1) | 43,297.2502<br>(2)   | D  |   |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control

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#### number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) |                     | Code   | 5.<br>of<br>Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |  |
|---|---|---|---------------------|--------|--|---------------------|---|--------|---|---|--|
|   |   |   |                     | Code V | ′ (A) (D)  | Date<br>Exercisable | Expiration<br>Date  | Title  | Amount<br>or<br>Number<br>of<br>Shares              |   |  |
| Reporting Owners  |   |   |                     |        |  |                     |   |        |   |   |  |
| 1   | Reporting Ow  | vner Name / Address                     |                     |        | l <b>ationships</b><br>Owner Of  | ficer Other         |   |        |   |   |  |
| C/O AVA<br>BALLST   |   | COMMUNITIES<br>R, 671 N. GLEBE<br>2203  |                     | X      |  |                     |   |        |   |   |  |
| Signa   | tures   |   |                     |        |  |                     |   |        |   |   |  |
| Catherine T. White, as attorney-in-fact under Power of Attorney d<br>2009 |   |   |                     |        |  | nuary 17,           |   | 05/22/ | /2015   |   |  |
|   |   | <u>**</u> Signature                     | of Reporting Persor | ı      |  |                     |   | Dat    | te  |   |  |
| Expla   | nation  | of Respo                                | nses:               |        |  |                     |   |        |   |   |  |

## Explanation of Responses:

- \* 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).

Reflects grant of Deferred Stock Units ("Units") under the issuer's Stock Option and Incentive Plan, which Units are subject to vesting(1) requirements. The Units will convert into common stock on a one to one basis when the reporting person ceases to be an employee or director of the issuer.

(2) The amount of securities owned following the reported transaction reflects direct ownership of all shares of common stock, including Units, which may be subject to vesting requirements.

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.