## Edgar Filing: AVALONBAY COMMUNITIES INC - Form 4

AVALONB Form 4 March 03, 2	AY COMMUNI 016	TIES INC									
FORM	ЛЛ								OMB AF	PROVAL	
	UNITEL	<b>STATES</b>		RITIES A shington			ANGE C	OMMISSION	OMB Number:	3235-0287	
Check the	gor								Expires:	January 31,	
if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERS					NERSHIP OF	Estimated a	2005 Iverage	
			SECURITIES						burden hours per		
Form 5		irsuant to S	Section 1	6(a) of the	ne Securi	ties F	Exchange	e Act of 1934,	response	0.5	
obligation may con	ons Section 17			• •			U	1935 or Section	l		
See Instr		30(h)	of the Ir	vestment	t Compa	ny Ao	ct of 194	0			
1(b).											
(Print or Type	Responses)										
O'Chao Varin D				uer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
o blied He			Symbol AVAL	ALONBAY COMMUNITIES							
			INC [A		0011111	01111	1115	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date o	f Earliest T	ransaction			Director		Owner	
			nth/Day/Year)				_X_ Officer (give title Other (specify below) below)				
671 N. GLI	EBE ROAD, SU	ITE 800	03/01/2	.016				Chief F	inancial Office	er	
			4. If Ame	nendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
ARLINGT	ON, VA 22203							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		n Date, if	Transaction(A) or Disposed of (D)				Securities Beneficially	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Yea			Code (Instr. 3, 4 and 5) ear) (Instr. 8)				Form: Direct (D)	Beneficial Ownership	
			-					Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	, ,		
Common											
Stock, par	03/01/2016			F	1,741	D	\$	16,311.0338	D		
value \$.01				-	(1)	_	177.63	(2)			
per share											

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 number.

## Edgar Filing: AVALONBAY COMMUNITIES INC - Form 4

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
O'Shea Kevin P. 671 N. GLEBE ROAD SUITE 800 ARLINGTON, VA 22203			Chief Financial Officer						
Signatures									
Catherine T. White, as attorney-in-fact under Power of Attorney dated December 13, 03/03/2016									

2012

\*\*Signature of Reporting Person

## **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).
- (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.

Date