Edgar Filing: HOREY LEO S III - Form 4

HODEN LEO CIU

Form 4	55111									
February 19,	2019									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
		DSIAIL		hington,			UGE	COMMINISSION	OMB Number:	3235-0287
Check thi if no long	Check this box							Expires:	January 31, 2005	
subject to Section 1	subject to Section 16. Form 4 or					NERSHIP OF	Estimated average burden hours per response			
Form 5 obligatior may conti <i>See</i> Instru 1(b).	^{1s} Section	17(a) of the		ility Hold	ing Com	pany	Act of	ge Act of 1934, of 1935 or Sectio 40		
(Print or Type R	Responses)									
HOREY LEO S III Symbol AVALC			r Name and Ticker or Trading ONBAY COMMUNITIES				5. Relationship of Reporting Person(s) to Issuer			
			INC [AV		.01011010		20	(Check all applicable)		
(Last) (First) (Middle) 3. Date of (Month/Da			Earliest Transaction Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)			
C/O AVALO	TIES,		02/14/20)19				· · · · · · · · · · · · · · · · · · ·	ministrative Of	ficer
INC., BALL GLEBE RO	STON TOWI AD	ER, 671 N.								
			ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
ARLINGTO	N, VA 22203	;						_X_ Form filed by 0 Form filed by M Person	One Reporting Pe fore than One Re	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)		Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock, par value \$.01 per share	02/14/2019			A	5,696 (<u>1</u>)	A	\$ 0	41,899.9144 (<u>2)</u>	D	

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

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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 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)	5. 6. Date Exercisable onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title a Amount Underlyi Securitie (Instr. 3	t of ving es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	Jumber		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HOREY LEO S III C/O AVALONBAY COMMUNITIES, INC. BALLSTON TOWER, 671 N. GLEBE ROAD ARLINGTON, VA 22203			Chief Administrative Officer			
Cianoturoo						

Signatures

Catherine T. White, as attorney-in-fact under Power of Attorney dated February 23, 2009					
<u>**Signature of Reporting Person</u>	Date				

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 grant of shares of restricted stock under the Company's 2009 Equity Incentive Plan, which shares are subject to vesting requirements.
- (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.