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McLaughlin V Form 4 May 17, 2013											
FORM	Л									PPROVAL	
		D STATES					NGE (COMMISSION	OMB Number:	3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIESForm 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 						e Act of 1934, f 1935 or Sectio	Expires: January 31 2005 Estimated average burden hours per response 0.5				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> McLaughlin William M			2. Issuer Name and Ticker or Trading Symbol AVALONBAY COMMUNITIES INC [AVB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O AVALO COMMUNI INC., BALL GLEBE ROA	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2013					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President					
(Street) 4. If Amendment, Date Original 6. Individual or Filed(Month/Day/Year) Applicable Line) _X_Form filed by Form filed by						Applicable Line) _X_ Form filed by	Joint/Group Filing(Check One Reporting Person More than One Reporting				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) (A) (A) (A) (A) (A) (A) (A		Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock, par value \$.01 per share	05/15/2013			S	5,000	D	\$ 137	46,452.259 <u>(1)</u>	D		
Common Stock, par value \$.01 per share								1,160 <u>(2)</u>	I	Held in trust for minor children	

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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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or Normhan		
						Exercisable	Date		Number		
				Cala V	(\mathbf{A}) (\mathbf{D})				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McLaughlin William M C/O AVALONBAY COMMUNITIES, INC. BALLSTON TOWER, 671 N. GLEBE ROAD ARLINGTON, VA 22203			Executive Vice President				
Signatures							
Cathering T. White as othermore in fact under Devuer of Atterney dated February 22							

Catherine T. White, as attorney-in-fact under Power of Attorney dated February 22, 2010. 05/17/2013

**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) The amount of securities owned following the reported transaction reflects direct ownership of all shares of common stock, including restricted shares.
- (2) No transaction is reported. The amount of securities owned indirectly following the reported transaction is included for information purposes only.

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