#### AVALONBAY COMMUNITIES INC

Form 4

Stock, par

value \$.01

per share

02/14/2016

February 16, 2016

<b>FORM</b>	Ι Δ							OMB A	PPROVAL
	UNITEDS	TATES SECUR Was	RITIES A shington,			NGE	COMMISSION	OMB Number:	3235-0287
Check thi	· or							Expires:	January 31,
subject to Section 10 Form 4 or Form 5 obligation may conti	subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per response  SECURITIES  Estimated average burden hours per response 0.5  Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								average
(Print or Type R	Responses)								
1. Name and A Breslin Sean	Symbol	Name and ONBAY (				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (M	iddle) 3. Date of	3. Date of Earliest Transaction			Director		Owner	
C/O AVALO COMMUNI INC., BALL GLEBE RO	TIES, STON TOWER,	(Month/D 02/11/20 671 N.	•				_X_ Officer (give below) Chief (	below)  Operating Office	er (specify
	(Street)	4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	oint/Group Filir	ng(Check
ARLINGTO	nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (	Zip) Tabl							
		1 aur		erivative	Secur	ities Ac	equired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8)	Disposed (Instr. 3,	d (A) of (D) 4 and (A) or	))  5)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Stock, par value \$.01 per share	02/11/2016		A	3,826	A	\$ 0 (1)	28,421.1533 (2)	D	
Common									

\$0 35,139.1533

(2)

(1)

D

6,718 A

Α

#### Edgar Filing: AVALONBAY COMMUNITIES INC - Form 4

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.

**SEC 1474** 

(9-02)

9. Nu Deriv Secur Bene

Follo Repo Trans (Insti

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	isable and	7. Titl	e and	8. Price of	- !
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ite	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Ī
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						1
					(A) or						1
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41	or		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
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Director 10% Owner Officer Other

Breslin Sean J. C/O AVALONBAY COMMUNITIES, INC. BALLSTON TOWER, 671 N. GLEBE ROAD ARLINGTON, VA 22203

Chief Operating Officer

### **Signatures**

Catherine T. White, as attorney-in-fact under Power of Attorney dated May 26, 2009

02/16/2016

\*\*Signature of Reporting Person

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 Stock Option and Incentive Plan, which shares are subject to vesting requirements.
- (2) The amount of secuities owned following the reported transaction reflects direct ownership of all shares of common stock, including restricted stock.

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.

Reporting Owners 2