#### Edgar Filing: MAYNARD ROGER - Form 4

MAYNARD	ROGER										
Form 4 October 05, 2	2009										
FORM	1 /								OMB AF	PROVAL	
	UNITED	STATES		ATTIES A			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long	Ter			<b>aFaFaFa</b>		Expires:	January 31 2005				
subject to Section 1 Form 4 o Form 5		SECUR	ITIES			NERSHIP OF	Estimated average burden hours per response 0				
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, E 1935 or Sectior 40	1		
(Print or Type F	Responses)										
MAYNARD ROGER Syn EQ				Name and Y LIFEST	TYLE		ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			PROPE	RTIES IN	IC [ELS]	J				/	
(Mont				Earliest Tr	ansaction			Director 10% Owner X_ Officer (give title Other (specify below) below)			
COMMUNI	CTURED HOME ITIES, INC., 2 N. E PLAZA #8		10/01/20	009				EVP As	sset Manageme	nt	
				ndment, Da hth/Day/Year	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO,	IL 60606							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, par value \$.01	10/01/2009			J	122	A	\$ 32.74	42,967	D		
Common Stock, par value \$.01								527.89	I	by 401K Plan	

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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 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)	FransactionNumberECodeof(1)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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		
Repo	rting O	wners					Relations	hins				

Reporting Owner Name / Address		Kelationships							
		10% Owner	Officer	Other					
MAYNARD ROGER MANUFACTURED HOME COMMUNITIES, INC. 2 N. RIVERSIDE PLAZA #8 CHICAGO, IL 60606			EVP Asset Management						
Signatures									
Mary Jo Kucera by Power of Attorney for Roger									

Maynard

\*\*Signature of Reporting Person

10/05/2009 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).

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.