## Edgar Filing: Shea Keri A - Form 4

Form 4	Ι										
November 2	21, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box if no longer CTATENTE OF CHANCES IN DENIFFICIAL OWNERSHIP OF								Expires:	January 31, 2005	
Section Form 4	subject to Section 16. Form 4 or						NEKSHIP OF	Estimated average burden hours per response 0			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons finue. Section 17	(a) of the l	Public U	Jtility Ho	lding Co	mpai	•	e Act of 1934, 1935 or Section 0			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Shea Keri A				er Name <b>an</b> ONBAY				5. Relationship of Reporting Person(s) to Issuer			
		AVALONBAY COMMUNITIES INC [AVB]					(Check all applicable)				
				of Earliest 7 Day/Year)	Transaction	n		Director 10% Owner _X Officer (give title Other (specify below) below)			
C/O AVALONBAY COMMUNITIES,			11/19/2018					SVP-Finance and Treasurer			
INC., BAL GLEBE RO	LSTON TOWER DAD	., 671 N.									
								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ARLINGT	· · ·										
(City)	(State)	(Zip)	Tal	sle I - Non-	Derivativ	e Seci	urities Acau	Person	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	Citle of curity2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if			ble I - Non-Derivative Securities Acq 3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	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	11/19/2018			Code V	Amount 1,880 (1)	or (D) D	Price \$ 185.097	(Instr. 3 and 4)	D		

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

## Edgar Filing: Shea Keri A - Form 4

## 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			Code	TransactionNumber Code of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (I		e rcisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners												
	Poporting On	mor Nomo / Addross				Relationships						
Reporting Owner Name		nei Manie / Auuress	Direc	ctor 10% O	wner	Officer				Other		
BALLST	LONBAY	COMMUNITIES, R, 671 N. GLEBE 2203				SVP-F	Finance	e and Treas	surer			
Signa	tures											
Catherine 2009	e T. White, a	as attorney-in-fact	t under Power o	f Attorney	dated J	July 13	,	11/2	21/20	18		
	<u>**</u> Signature of Reporting Person					Date						
Expla	nation	of Respo	nses:									
* If the f	orm is filed by	y more than one report	ting person, see Ins	truction 4(b)	(v).							
** Intenti	onal misstaten	nents or omissions of f	facts constitute Fed	leral Crimina	l Violati	ons. See	18 U.S.C	C. 1001 and 1	15 U.S	.C. 78ff(a)		

The transaction was executed in multiple trades at prices ranging from \$185.0916 to \$185.1300. The price reported above reflects the
 (1) weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

(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.