Edgar Filing: EQUITY RESIDENTIAL - Form 4

-	ESIDENTIAL												
Form 4 September (06. 2012												
FORM	ЛЛ	STATES				ND EXCH		E COM	MISSION	OMB API OMB	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. SECURITIES SECURITIES AUXILIARY 31 Expires: January 31 Expires: 200 Estimated average burden hours per										January 31, 2005 erage			
(Print or Type	Responses)												
STROHM BRUCE C Syml			Symbol	Icono									
(Last)	(First) (A	Middle)	3. Date of	of Earliest	Tr	ransaction			(Check	all applicable)			
									w)	ctor 10% Owner cer (give title Other (specify below) EVP & General Counsel			
Filed(Mo				led(Month/Day/Year) Applicable Line) _X_ Form filed by C					int/Group Filing(Check One Reporting Person Iore than One Reporting				
CHICAGO	, IL 60606							Perso	•	r	8		
(City)	(State)	(Zip)	Tab	ole I - Nor	ı-D	Derivative Secu	irities	Acquired	, Disposed of,	or Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr. 8)	tioı)	4. Securities A Disposed of (E (Instr. 3, 4 and	(A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4	or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	V	Amount	(D)	Price	(insure and i	, ,			
Shares Of Beneficial Interest	09/04/2012			S		16,129.019	D	\$ 60.6	50,602.865 (1)	I	SERP Account		
Common Shares Of Beneficial Interest	09/05/2012			S		15,483.859	D	\$ 60.33	35,119.006 (1)	Ι	SERP Account		
Common Shares Of Beneficial Interest									2,359.9988 (2)	Ι	401(k) Plan		

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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	isable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	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)						
									Amount		
									or		
							Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting o whet Name, Martiss	Director	10% Owner	Officer	Other			
STROHM BRUCE C TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606			EVP & General Counsel				
Signatures							
s/ By: Jane Matz, 00/06/2012							

Attorney-in-fact 09/06/2012

<u>**</u>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) Represents shares owned by Principal Trust Company, as Trustee of the Equity Residential Supplemental Executive Retirement Plan, for the benefit of the reporting person.

Represents shares acquired through profit sharing contributions and dividend reinvestment activity in the reporting person's account with
 (2) the Equity Residential Advantage 401(k) Retirement Savings Plan, a plan qualified under Section 401(k) of the Internal Revenue Code of 1986, as amended. Such shares represent acquisitions through July 13, 2012.

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.