#### EQUITY RESIDENTIAL

Form 4

Interest

September 19, 2012

FORM	<b>1</b> /									OMB AP	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								MMISSION	OMB Number:	3235-0287			
Check the if no long										Expires:	January 31, 2005		
subject to Section 2 Form 4 o	NGES IN SECU			IAL (	)WNE	RSHIP OF	Estimated average burden hours per response						
Form 5 obligation may con <i>See</i> Instruction 1(b).	ons tinue. Section 17(	(a) of the	Public U	tility Ho	oldi		ny A	ct of 19	ct of 1934, 35 or Section				
(Print or Type	Responses)												
1. Name and Address of Reporting Person * 2. Issue GEORGE ALAN W Symbol						Гіскег or Tra		Relationship of Reporting Person(s) to suer					
(Last) (First) (Middle)			_							(Check all applicable)  Director 10% Owner X Officer (give title Other (specify below)  Executive Vice President & CIO			
			(Month/I										
CHICAGO	(Street)			endment, I onth/Day/Ye		e Original		Ap	Individual or Joir plicable Line) _ Form filed by On _ Form filed by Mo	e Reporting Pers	son		
(City)	(State)	(Zip)							rson				
-		_						_	ed, Disposed of,				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	n Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				ed (A)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							(A) or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common				Code V	7	Amount	(D)	Price					
Shares Of Beneficial Interest	09/17/2012			S	2	4,153.875	D	\$ 60.24	37,384.872 (1)	I	SERP Account		
Common Shares Of Beneficial Interest									72,687.627	D			
Common Shares Of Beneficial									2,694.7932 (2)	I	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.

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. Title	and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctionNumber	Expiration Da	ate	Amour	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	<ol><li>Derivative</li></ol>	e		Securit	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date Exercisable	Expiration Date		or	
									Number	
									of	
				Code	V (A) (D)				Shares	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GEORGE ALAN W TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606

Executive Vice President & CIO

### **Signatures**

s/ By: Jane Matz, Attorney-in-fact

09/19/2012

\*\*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.

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