## Edgar Filing: HABEN MARY KAY - Form 4

HABEN MA	ARY KAY											
Form 4												
May 15, 201												
FORM			CECUT					MARCION		PROVAL		
	UNITED	SIAIES					GE CO	MMISSION	OMB Number:	3235-0287		
Check th	iis box		vvas	shington, D.C. 20549						January 31,		
if no long		IENT O	F CHAN	CFS IN	RENEFIC	TAT.	OWNE	RSHIP OF	Expires:			
subject to STATEMENT OF CHAIN Section 16.				GES IN BENEFICIAL OWNER SECURITIES					Estimated average			
Form 4 o		SECONTIES							burden hours per response 0.5			
Form 5	Filed pur	suant to S	Section 1	6(a) of th	e Securitie	s Exc	hange A	Act of 1934,	10000100	0.0		
obligatio	ons Section 17(						•	935 or Section				
may cont See Instr	unue.			•	Company	•						
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Penorting	Derson *	2.1	NT .	1 m <sup>.</sup> 1 m		5	Pelationship of I	Panarting Dars	on(s) to		
			8				suer	Reporting Person(s) to				
			Symbol EOUIT	V RESID	ENTIAL L	FOR	1					
<b>(T</b> )		EQUITY RESIDENTIAL [EQR]					(Check	)				
(Last)	(First) (I	Middle)		Earliest T	ransaction			V Director	100	Oruman		
TWO NORTH RIVERSIDE (Month/D 05/14/20				-				_X_ Director 10% Owner Officer (give title Other (specify				
PLAZA, SU			03/14/2	015			be	elow)	below)			
,	(Street)		4 If Ame	Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
1 ned(won												
CHICAGO,	, IL 60606							Form filed by Mo erson	ore than One Rej	porting		
(City)	(State)	(Zip)										
	(build)	(24)	Tabl		Derivative Se	curitie	es Acquii	red, Disposed of,	or Beneficial	y Owned		
1.Title of	2. Transaction Date							5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, 11	Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form:	Indirect Beneficial		
(insu: 5)		-	Day/Year)	(11541.5, 14	uiu 5)		Owned	Direct (D)	Ownership			
								Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				Cada V	A	or	Duiter	(Instr. 3 and 4)	(mou. )			
Common				Code V	Amount	(D)	Price					
Shares Of					1,037.99		\$	5,475.1665				
Beneficial	05/14/2013			А	(1)	А	ф 48.17	(2)	D			
Interest					_							

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 Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of 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		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
		Director	10% Owner	Officer	Other		
HABEN MARY KAY TWO NORTH RIVERSIDE PLAZA, SUI CHICAGO, IL 60606	TE 400	Х					
Signatures							
s/ By: Jane Matz, 05 Attorney-in-fact	/15/2013						

\*\*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 acquired through Equity Residential's Employee Share Purchase Plan.
- (2) Direct total includes restricted shares of the Company scheduled to vest in the future.

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.