## Edgar Filing: AVALONBAY COMMUNITIES INC - Form 4

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AVALONB Form 4	AY COMMUN	ITIES INC	2								
March 03, 20	006										
FORM	14								OMB AF	PROVAL	
	UNITEL	) STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer							EDSILID OF	Expires:	January 31, 2005		
subject to STATEMENT OF Section 16.				CHANGES IN BENEFICIAL OWNERSH SECURITIES					Estimated a	verage	
Form 4 c	Form 4 or						burden hour response	rs per 0.5			
Form 5 obligatio	nn -						-	Act of 1934,			
may con See Instr	tinue. Section 17			inty Hol	•	-	•	1935 or Section	1		
1(b).	uction	( )			I.	5					
(Print or Type ]	Responses)										
	Address of Reportin	g Person <u>*</u>	2. Issue	r Name <b>an</b> e	<b>d</b> Ticker or	Tradi		5. Relationship of	Reporting Pers	on(s) to	
Morris James Richard Symbol							Issuer				
				ALONBAY COMMUNITIES C [AVB]				(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest T	ransaction			Director X Officer (give		Owner er (specify	
2900 EISEN 300	NHOWER AVE	., SUITE	(Month/1 03/01/2	Day/Year) 2006				below)	below) Vice Presiden		
			4. If Ame	nendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
ALEXAND	ORIA, VA 22314	ł						Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Executio any		3. Transactio Code (Instr. 8)	4. Securi or(A) or D (Instr. 3,	4 and (A)	d of (D)	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				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, par value \$.01 per share	03/01/2006			F	765 <u>(1)</u>	D	\$ 102.88	18,778.443 (2)	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 number.

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address								
	Director 10% Owner Officer		Officer	Other				
Morris James Richard 2900 EISENHOWER AVE., SUITE 300 ALEXANDRIA, VA 22314			Senior Vice President					
Signatures								
Edward M. Schulman, as attorney-in-fact under Power of Attorney dated March 7, 03/03/200								

\*\*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) Reflects withholding of shares by the Company to cover tax withholding obligations on the vesting of restricted stock under the Company?s Stock Option and Incentive Plan.
- (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.