#### Edgar Filing: MID AMERICA APARTMENT COMMUNITIES INC - Form 4

#### MID AMERICA APARTMENT COMMUNITIES INC

Form 4

January 06, 2015

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

**OMB APPROVAL** 

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

response... 0.5

burden hours per

5. Relationship of Reporting Person(s) to

1(b).

Stock

Stock

Common

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Campbell Albert M III				Symbol MID AMERICA APARTMENT COMMUNITIES INC [MAA]					Issuer (Check all applicable)				
	(Last) 6584 POPL	(First) (N	(M	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015					Director 10% Owner Officer (give title Other (specify below) below)  EVP, Chief Financial Officer				
(Street)  MEMPHIS, TN 38138-				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acc					quired, Disposed of, or Beneficially Owned				
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Code Year) (Instr.	action(A (In 8)	Securities) or Disastr. 3, 4	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Stock	01/02/2015		D(1)	14	13	D	э 76.15	25,434	D			
	Common Stock								2,546.067	I	Allocated Shares In Esop		
	Common								100	T	Iro		

100

1,000

I

Ι

Ira

**Joint** 

Tenancy

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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 Own Follo Repo Trans (Instr

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	cisable and	7. Title	and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Date		Amoun	nt of	Derivative	
	Security	or Exercise Price of		any (Month/Day/Year)	Code	of	(Month/Day/	Year)	Underlying	Security (Instr. 5)		
	(Instr. 3)				(Instr. 8)	Derivative	e				Securities	
		Derivative				Securities		(Instr. 3 and 4)				
		Security				Acquired	Acquired					
						(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										A		
										Amount		
							Exercisable Date	Expiration		or Name le con		
								Title Number				
					C-1- 1	7. (A) (D)			of			
					Code V	I (A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Campbell Albert M III 6584 POPLAR AVENUE SUITE 300 MEMPHIS, TN 38138-

EVP, Chief Financial Officer

### **Signatures**

/s/ Leslie Wolfgang 01/06/2015

\*\*Signature of Date
Reporting Person

## **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) Disposals are being withheld to cover taxes related to vesting pursuant to shares earned and issued under a prior year restricted stock plan. 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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