Edgar Filing: EQUITY RESIDENTIAL - Form 4

EQUITY RE	ESIDENTIAL								
Form 4									
February 08,	, 2017								
FORM					OMB APPROVAL				
	• • UNITED S	STATES SECUE	RITIES A shington.			NGE CC	OMMISSION	OMB Number:	3235-0287
Check th	nis box	vv a	sinington	, D.C. 20	547				January 31,
if no long		IENT OF CHAN	GES IN BENEFICIAL OWNER			ERSHIP OF	Expires:	2005	
subject to Section 1	0		SECURITIES				Estimated average burden hours per		
Form 4 o							response	s per 0.5	
Form 5	Filed pur	suant to Section 1	6(a) of th	of the Securities Exchange Act of 1934,					0.0
obligation may cont		a) of the Public U	tility Hol	ding Cor	npan	y Act of 1	935 or Section		
See Instru		30(h) of the In	vestment	Compar	ny Ac	ct of 1940			
1(b).									
(D::::::::::::::::::::::::::::::::::::	D								
(Print or Type I	Kesponses)								
1. Name and A	Address of Reporting 1	Person [*] 2 Issue	r Name and	I Ticker or	Tradi	ng 5	. Relationship of l	Reporting Pers	on(s) to
Manelis Michael L Symbol						Issuer			
			Y RESID	ENTIAI	L IEC	DR]			
(Last)	(First) (N		f Earliest Ti				(Check	all applicable)
(East)	(113) (1	(Month/E		lansaction			Director	10%	Owner
TWO NOR	TH RIVERSIDE	02/07/2	-				_X_ Officer (give		r (specify
PLAZA, SU	JITE 400					b	elow) Executiv	below) e Vice Preside	ent
	(Street)	4. If Ame	ndment, Da	ate Origina	ıl	6	Individual or Joi	nt/Group Filin	g(Check
						Applicable Line)			
						-	X_Form filed by O Form filed by Mo		
CHICAGO,	, IL 60606					Ē	erson	sie man One Rej	porting
(City)	(State)	(Zip) Tabl	e I - Non-I	Derivative	Secur	rities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	oror Dispo	sed of	(D)	Securities	Ownership	Indirect
(Instr. 3) any (Month/Day/Voor			Code (Instr. 3, 4 and 5) $(1 + 1)$			Beneficially	Form:	Beneficial Ownership	
		(Month/Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	(Instr. 4)
					(A)		Reported	(I)	× ,
					or		Transaction(s)	(Instr. 4)	
					01		(Inote 2 and 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common			Code V				(Instr. 3 and 4)		
Common Shares Of Beneficial	02/07/2017		Code V	Amount 1,433 (1)		Price \$ 60.4602	(Instr. 3 and 4) 9,082 (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)	(Month/Day/Year) ve ss i		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
I. S.	Director	10% Owner	Officer	Other		
Manelis Michael L TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606			Executive Vice President			
Signaturos						

Signatures

s/ By: Jane Matz, Attorney-in-fact 02/08/2017

**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 the sale of shares for the payment of tax liability incurred upon the vesting of restricted shares.

(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.