Edgar Filing: MID AMERICA APARTMENT COMMUNITIES INC - Form 4

	RICA APARTME	ENT COM	IMUNIT	IES ING	С								
Form 4 March 14, 2	017												
										OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									COMMISSION	OMB Number:	3235-0287		
Check th if no lon	aer				Expires:	January 31, 2005							
subject to Section 1 Form 4 c	6. SIAIE	MENT O	F CHAN	NERSHIP OF	Estimated average burden hours per response								
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the		tility Ho	old	ing Cor	npan	y Act of	e Act of 1934, f 1935 or Section 40	·			
(Print or Type	Responses)												
1. Name and Address of Reporting Person *2. IssBOLTON H ERIC JRSymbol				2. Issuer Name and Ticker or Trading ymbol					5. Relationship of Reporting Person(s) to Issuer				
	MID AMERICA APARTMENT COMMUNITIES INC [MAA]						(Check all applicable)						
(Last)	(Last) (First) (Middle) 3. Date of (Month/E					ansaction			X Director 10% Owner X Officer (give title Other (specify below) below)				
6584 POPL 300	AR AVENUE, S	SUITE	03/10/2	017					· · · · · · · · · · · · · · · · · · ·	dent and CEO			
(Street) 4. If Amo					Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	TNI 20120		Filed(Mo	nth/Day/Y	ear)				Applicable Line) _X_ Form filed by C Form filed by M				
MEMPHIS	, TN 38138-								Person		1 6		
(City)	(State)	(Zip)	Tab	le I - Non	1-De	erivative	Secu	rities Acc	uired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price					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)		
Common Stock	03/10/2017			A		8,794	(D) A	Price \$ 0	208,412.374	D			
Common Stock	03/10/2017			F <u>(1)</u>		7,367	D	\$ 97.15	201,045.374	D			
Common Stock									7,672.0131	I	Allocated Shares In Esop Trust		
Common Stock									9,139.0207	Ι	Jtwros		

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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.

 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)	4. Transac Code (Instr. 8	5. tionNumber of) Derivati Securitie Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day, ve es d	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code	4, and 5)) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Re		
Toporting Control 1 Mano / 1 Mar	Director	10% Owner	Officer	Other
BOLTON H ERIC JR 6584 POPLAR AVENUE SUITE 300 MEMPHIS, TN 38138-	х		President and CEO	
Signatures				
/s/ Leslie Wolfgang	03/13/2017			

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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.

**Signature of

Reporting Person