## Edgar Filing: McGurk Monica Houle - Form 4

McGurk Mon Form 4	ica Houle											
May 23, 2018	3											
FORM	Λ									PPROVAL		
	UNIT	ED STATE:		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	ər								Expires:	January 31, 2005		
subject to	SIAI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O					NERSHIP OF	Estimated average				
Section 16 Form 4 or			SECURITIES							burden hours per response 0.5		
Form 5	Filed	pursuant to	Section 16	6(a) of the	e Securiti	es Ex	chang	ge Act of 1934,	response	0.5		
obligation may contin <i>See</i> Instruct 1(b).	nue. Section		Public Ut of the Inv	•	•	- ·		f 1935 or Sectio 40	on			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> McGurk Monica Houle			2. Issuer Name <b>and</b> Ticker or Trading Symbol MID AMERICA APARTMENT COMMUNITIES INC. [MAA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 6815 POPLA	(First)	(Middle)	3. Date of (Month/Da 05/22/20	-	ansaction			X Director Officer (give below)		6 Owner er (specify		
001010121	(Street)	12000		ndment, Dat	ta Original			6 Individual or I	oint/Group Fili	ng(Chaoli		
GERMANTO		138		th/Day/Year)	-			6. Individual or J Applicable Line) _X_ Form filed by Form filed by M Person		erson		
(City)	(State)	(Zip)										
(City)		-		e I - Non-D			ties Ac	quired, Disposed o		•		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) o 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)		
Common Stock	05/22/2018			A	1,391	A	\$ 0	1,391	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.

 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. Transacti Code (Instr. 8)	5. Numbo or of Derivativ Securitie: Acquired (A) or Disposed of (D) (Instr. 3, and 5)	Expiration I e (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0 <u>(1)</u>	05/22/2018		А	209	(1)	(1)	Common Stock	209	\$ 89.8

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## **Reporting Owners**

Reporting Owner Name / Addr	Relationships							
Toporting of the reader radi	Director	10% Owner	Officer	Other				
McGurk Monica Houle 6815 POPLAR AVE SUITE 500 GERMANTOWN, TN 381	X 38							
Signatures								
/s/ Leslie Wolfgang	05/23/2018							
<u>**</u> Signature of	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).

Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock are payable in two(1) equal annual installments beginning within the 90 days following the calendar year in which the reporting person ceases to serve as a director, in cash or common stock, at the election of the reporting person.

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.

Reporting Person