Edgar Filing: MID AMERICA APARTMENT COMMUNITIES INC - Form 4

| MID AMERICA APARTMENT Form 4 March 27, 2017 | Γ COMMUNITII | ES INC | | | | | | | |
|---|---|---|--------------------------|---|---|--|-----------|--|--|
| FORM 4 UNITED ST | OMB A OMB Number: | PPROVAL 3235-0287 | | | | | | | |
| Washington, D.C. 20549Number:3233-0287Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESNumber:January 31, 2005STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16.SECURITIESExpires:January 31, 2005Form 4 or Form 5 obligations may continue. See Instruction 1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1935 or Section 30(h) of the Investment Company Act of 19400.5 | | | | | | | | | |
| (Print or Type Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Per FRENCH RUSSELL R | Symbol MID AN | Name and T IERICA A JNITIES 1 | APARTM | IENT | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Mid 6584 POPLAR AVE | (Month/Da | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2017 | | | | ctor 10% Owner er (give title Other (specify below) | | | |
| (Street) | 4. If Amen Filed(Mont | dment, Date h/Day/Year) | e Original | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| MEMPHIS, TN 38138 | | | | | Person | | 1 0 | | |
| (City) (State) (Zi | ip) Table | I - Non-De | rivative S | ecurities Ac | quired, Disposed of | f, or Beneficial | lly Owned | | |
| (Instr. 3) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Disposed (Instr. 3, 4 | (A) or of (D) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | | | | | 22,843 | 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. Transactiv Code (Instr. 8) | 5. Numb Derivati Securitic Acquired (A) or Disposed of (D) (Instr. 3, and 5) | ive es ed ed | 6. Date Exer Expiration D (Month/Day/ | ate | 7. Title and A Underlying S (Instr. 3 and | Securities | 8. Price of Derivativ Security (Instr. 5) |
|---|---|---|---|--|--|-----------------------|---|--------------------|---|--|--|
| | | | | Code V | (A) (| (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock | \$ 0 <u>(1)</u> | 03/23/2017 | | А | 153 | | <u>(1)</u> | (1) | Common Stock | 153 | \$ 101.9 |

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Reporting Owners

| Reporting Owner Name / Addre | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| FRENCH RUSSELL R 6584 POPLAR AVE MEMPHIS, TN 38138 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Leslie Wolfgang | 03/24/2017 | | | | | | | |
| MM | _ | | | | | | | |

<u>**</u>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).

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.