FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APP	ROVA
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OMB Number:	3235-0287
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hours per response:	0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box to indicate that a

transaction was made pursuant to a contract, instruction or written plan for the Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	conditions of Rule			
1. Name and Address NAUGHTON	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol AVALONBAY COMMUNITIES INC [ AVB ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner
	(First) Y COMMUNITIE OULEVARD STE		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2025	Officer (give title Other (specify below)
(Street) ARLINGTON	VA	22203	If Amendment, Date of Original Filed (Month/Day/Year)	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 Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr.	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price	3 and 4)		(Instr. 4)
Common Stock, par value \$.01 per share	02/26/2025		A		18,178(1)	A	\$ <mark>0</mark>	86,933.5205 <sup>(2)</sup>	D	
Common Stock, par value \$.01 per share								31,531(3)	I	By GRAT
Common Stock, par value \$.01 per share								14,024 <sup>(4)</sup>	I	By Family Trust

## 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. Transac Code (Ir 8)		5. Numl Derivati Securiti Acquire or Disp (D) (Insi and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Da (Month/Day/Y	ite	7. Title and Ai Securities Un Derivative Se 3 and 4)	derlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		

#### **Explanation of Responses:**

- 1. Reflects shares earned in connection with previously awarded performance share units issued under the Company's Second Amended and Restated 2009 Equity Incentive Plan.
- 2. The amount of securities owned following the reported transaction reflects direct ownership of all shares of common stock, including restricted shares and deferred stock units, some of which may be subject to vesting requirements
- 3. No transaction is reported. The amount of securities owned indirectly following the reported transaction is included for informational purposes only.
- 4. No transaction is reported. Reflects indirect beneficial ownership by spouse through Family Trust and the reporting person disclaims any beneficial ownership in these shares.

Edward M. Schulman, as attorneyin-fact under Power of Attorney

dated January 1, 2000

02/28/2025

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.