## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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 purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: Estimated average burden 0.5 hours per response:

1. Name and Address of Reporting Person* NAUGHTON TIMOTHY J			2. Issuer Name and Ticker or Trading Symbol AVALONBAY COMMUNITIES INC [ AVB ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			t	X	Director	10% Owner			
(Last) (First) (Middle) C/O AVALONBAY COMMUNITIES, INC. 4040 WILSON BOULEVARD STE 1000					Officer (give title	Other (specify			
		INC.	3. Date of Earliest Transaction (Month/Day/Year) 05/29/2025		below)	below)			
(Street) ARLINGTON			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	<ol> <li>Individual or Joint/Group Filing (Check Applicable Lin X Form filed by One Reporting Person Form filed by More than One Reporting Person</li> </ol>				
(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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or 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 (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	3 and 4)		(1150.4)
Common Stock, par value \$.01 per share	05/29/2025		Α		<b>971</b> <sup>(1)</sup>	Α	\$ <mark>0</mark>	110,343.9986 <sup>(2)</sup>	D	
Common Stock, par value \$.01 per share								14,024 <sup>(3)</sup>	Ι	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		3A, Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative				Securities Underlying		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Reflects grant of Deferred Stock Units ("Units") under the issuer's Second Amended and Restated 2009 Equity Incentive Plan, which Units are subject to vesting requirements. The Units will convert into common stock on a one to one basis after the reporting person ceases to be a director of the issuer.

2. The amount of securities owned following the reported transaction reflects direct ownership of all shares of common stock, including Units, some of which may be subject to vesting requirements

3. 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 attorney-06/02/2025 in-fact under Power of Attorney

dated January 1, 2000

\*\* Signature of Reporting Person Date

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.

3235-0287