# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

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

			2. Issuer Name <b>and</b> Ticker or Trading Symbol AVALONBAY COMMUNITIES INC [ AVB ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FULLER SAM	<u>UEL B</u>				Director	10% Owner			
				X	Officer (give title below)	Other (specify below)			
		. ,	3. Date of Earliest Transaction (Month/Day/Year) 04/29/2005		Executive Vice Pre	esident			
2900 EISENHOWER AVE., SUITE 300									
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing (Che	eck Applicable Line)			
ALEXANDRIA	VA	22314		X	Form filed by One Reporting Form filed by More than One				
(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	04/29/2005		Α		1,637	Α	<b>\$0.00</b> <sup>(1)</sup>	47,714.959 <sup>(2)</sup>	D	

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)		Derivative		6. Date Exerci Expiration Dat (Month/Day/Ye	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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		Transaction(s) (Instr. 4)		
Employee Stock Options (Right to Buy)	\$72	04/29/2005		A		16,267		04/30/2005 <sup>(3)</sup>	04/30/2010	Common Stock	16,267	<b>\$0.00</b> <sup>(4)</sup>	185,515 <sup>(5)</sup>	D	

#### Explanation of Responses:

1. Reflects grant of shares of restricted stock under the Company's Stock Option and Incentive Plan.

2. The amount of securities owned following the reported transaction reflects direct ownership of all shares of common stock, including restricted shares.

3. These options vested upon termination of employment on April 30, 2005.

4. Reflects grant of options under the Company's Stock Option and Incentive Plan.

5. The amount of securities owned following the reported transaction includes options granted in prior periods with varying exercise prices and vesting dates.

### Remarks:

Edward M. Schulman, as attorneyin-fact under Power of Attorney 05/02/2005 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.

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