FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Check this box if no | | STATEI | ENT OF CHANGES IN BENEFICIAE OWNER. | 51115 | hours per response | e: 0.5 |
|---|--|--------|---|--|---|--|
| may continue. See | or Form 5 obligations Instruction 1(b). | F | iled pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | |
| HOREY LEO | | | 2. Issuer Name and Ticker or Trading Symbol <u>AVALONBAY COMMUNITIES INC</u> [AVB] | 5. Relationship of Re (Check all applicable) Director X Officer (give below) |) 10 e title O | ssuer 0% Owner 0ther (specify elow) |
| (Last) (First) (Middle) C/O AVALONBAY COMMUNITIES, INC. BALLSTON TOWER, 671 N. GLEBE ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2011 | Exec | eutive Vice President | |
| (Street) ARLINGTON | VA | 22203 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | Group Filing (Check A by One Reporting Pe by More than One Re | rson |
| (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) | | | tion str. | 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 |
|---------------------------------|---------------------------------------|--|--|------|--------------|--|---------------|------------------------------|--|---|---|
| | | | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (Instr. 4) |
| Co | mmon Stock, par value \$.01 per share | 11/17/2011 | | G | | 75 | D | \$0.00 ⁽¹⁾ | 78,420.0458(2) | D | |
| Co | mmon Stock, par value \$.01 per share | 12/30/2011 | | Α | | 2,297 | Α | \$0.00 ⁽³⁾ | 80,717.0458(2) | 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) | Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Securities Underlying | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported | 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) | | |

Explanation of Responses:

1. Reflects gift of 75 shares.

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

3. Reflects grant of shares of restricted stock under the Company's Stock Option and Incentive Plan, which shares are subject to vesting requirements.

Remarks:

Catherine T. White, as attorney-infact under Power of Attorney dated 01/04/2012 February 23, 2009

** 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.