(City)

FORM 4

Check this box if no longer subject to

(State)

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

Form filed by More than One Reporting Person

Section 16. Form 4 or Form 5 obligations				ļ <u> </u>	•		
may continue. See Instruction 1(b).	Fi	led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940					
1. Name and Address 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)				
<u>HEALY JOHN J JR</u>		[]	X	Director	10% Owner		
				Officer (give title	Other (specify		
(Last) (First) (f	Middle)	3. Date of Earliest Transaction (Month/Day/Year)	1	below)	below)		
C/O AVALONBAY COMMUNITIES, IN	C.	06/28/2013					
BALLSTON TOWER, 671 N. GLEBE R	OAD						
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6 Individ	ual or loint/Group Filing	(Check Applicable Line)		
(Street)		- Tranciament, Date of original filed (Month/Day/Tear)		Form filed by One Reporting Person			
ARLINGTON VA 2	22203			I officially officially officially	ording i croon		

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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	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)		(1130.4)
Common Stock, par value \$.01 per share	06/28/2013		Α		111	Α	\$0.00 ⁽¹⁾	39,107.4376 ⁽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)	4. Transac Code (Ir 8)		5. Numl Derivati Securiti Acquire or Disp (D) (Inst and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Da (Month/Day/)	ate	7. Title and An 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)	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		(Instr. 4)		

Explanation of Responses:

1. Reflects grant of Deferred Stock Units ("Units") under the issuer's Stock Option and Incentive Plan pursuant to an election previously made by the reporting person to receive Units in lieu of the quarterly cash director's fee

otherwise due. The Units will convert into common stock on a one for one basis when the reporting person ceases to be an employee or 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, which may be subject to vesting requirements.

Remarks:

Catherine T. White, as attorney-in-

fact under Power of Attorney dated 07/02/2013

January 17, 2009

** Signature of Reporting Person Date

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

(Zip)

* 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.