FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | |
|---|--|
| 1. Name and Address of Reporting Person* | |

Filed 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 [*] Swanezy Susan | | | 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 | | | |
| | | | | | Officer (give title below) | Other (specify below) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | Delow) | below) | | | |
| 671 N. GLEBE RI | Э. | | 05/15/2019 | | | | | | |
| SUITE 800 | | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | dual or Joint/Group Filing (Cl | heck Applicable Line) | | | |
| (Street) | VA | 22203 | | X | Form filed by One Reporting | ng Person | | | |
| ARLINGTON | ٧A | 22203 | | Form filed by More than Or | ne 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) | 2A. Deemed Execution Date, if any (Month/Day/Year) | n Date, Transaction Code (Instr. | | 4. Securities Ac Disposed Of (D | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. | 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 | 05/15/2019 | | Α | | 112(1) | Α | \$0.00 | 3,463.4437 ⁽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) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 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 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 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:

By Catherine T. White under

Power of Attorney dated as of August 31, 2016. ** Signature of Reporting Person

Date

06/05/2019

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.