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EQUITY RESIDENTIAL

Form 4

February 12, 2014

CHICAGO, IL 60606

FORM 4		OMB APPROVAL					
_	UNITED STATES	OMB Number:	3235-0287				
Check this box if no longer subject to	STATEMENT O	Expires:	January 31, 2005				
Section 16. Form 4 or		Estimated a burden hour response					
Form 5 obligations may continue. See Instruction 1(b).	ge Act of 1934, f 1935 or Section 40	·					
(Print or Type Respons	es)						
1. Name and Address Kaufman Ian	of Reporting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of I Issuer	Reporting Person(s) to			
(Last) (F	irst) (Middle)	EQUITY RESIDENTIAL [EQR] 3. Date of Earliest Transaction	(Check all applicable)				
	, , ,	(Month/Day/Year)	DirectorX Officer (give t		Owner r (specify		
TWO NORTH RI PLAZA, SUITE 4		02/11/2014	below)	below) counting Office			
(St	reet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi Applicable Line)	nt/Group Filin	g(Check		

(City)	(State)	Zip) Table	I - Non-De	erivative S	ecuri	ties Acq	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D 4 and))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares Of Beneficial Interest	02/11/2014		Code V	Amount 1,615	` ´		Transaction(s) (Instr. 3 and 4) 12,662.0394 (1)	D	
Common Shares Of Beneficial Interest							366.329 (2)	I	401(k) Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

X Form filed by One Reporting Person Form filed by More than One Reporting

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required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A 4		
									Amount		
						Date	Expiration	Title	Or		
						Exercisable	Date	ritte	Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kaufman Ian TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606

Chief Accounting Officer

Signatures

s/ By: Jane Matz, Attorney-in-fact 02/12/2014

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Direct total includes restricted shares of the Company scheduled to vest in the future.

Represents shares acquired through profit sharing contributions and dividend reinvestment activity in the reporting person's account with (2) the Equity Residential Advantage 401(k) Retirement Savings Plan, a plan qualified under Section 401(k) of the Internal Revenue Code of 1986, as amended. Such shares represent acquisitions through January 10, 2014.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to 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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