Edgar Filing: Kaufman Ian - Form 4

Kaufman Ian Form 4August 16, 2017FORM 4Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).Kaufman Ian Form 5 obligations may continue. See Instruction 1(b).Kaufman Ian Form 5 obligations may continue. See Instruction 1(b).								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type R	Responses)									
1. Name and Address of Reporting Person <u>*</u> Kaufman Ian			er Name and				5. Relationship of Reporting Person(s) to Issuer			
(Last) TWO NORT PLAZA, SU	TH RIVERSIDE	(Month	3. Date of Earliest Transaction (Month/Day/Year) 08/14/2017				(Check all applicable) <u></u> Director <u></u> Officer (give title <u></u> 10% Owner <u></u> Other (specify below) Chief Accounting Officer			
CHICAGO,	endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Z	Zip) Ta	ble I - Non-Do	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	4. Securit on(A) or Di (Instr. 3, Amount	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Shares Of Beneficial Interest Common	08/14/2017		А	28 <u>(1)</u>	Α	\$ 56.55	17,398 <u>(2)</u>	D		
Shares Of Beneficial Interest							473 <u>(3)</u>	Ι	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)

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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 Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
						Date	Expiration		Amount or		
						Exercisable	Date		Number of		
				Code V	(A) (D)				Shares		
				0000 1	(<i>I</i> , D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
Kaufman Ian TWO NORTH RIVERSIDE PLAZA, SU CHICAGO, IL 60606	JITE 400			Chief Accounting Officer		
Signatures						
s/ By: Jane Matz, Attorney-in-fact	08/16/2017					
**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) Represents shares acquired through Equity Residential's Employee Share Purchase Plan.
- (2) 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
 (3) 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 July 15, 2017.

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.