

MID AMERICA APARTMENT COMMUNITIES INC
 Form 4
 December 16, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 SANDERS WILLIAM REID

2. Issuer Name and Ticker or Trading Symbol
 MID AMERICA APARTMENT COMMUNITIES INC [MAA]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 6584 POPLAR AVENUE
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 12/12/2013

Director 10% Owner
 Officer (give title below) Other (specify below)

MEMPHIS, TN 38138

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One 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) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
| | | | | (A) or (D) | Price | | |
| | | | | Code | V | Amount | |
| Common Stock | 12/12/2013 | | P | A | \$ 2,000 | 4,000 | IRA |
| Common Stock | 12/12/2013 | | P | A | \$ 200 | 700 | Spouse |
| Common Stock | 12/12/2013 | | P | A | \$ 60.19 | 500 | by Self as Trustee for MRS Trust FBO Aubrey Sanders |
| | 12/12/2013 | | P | A | \$ 60.2 | 500 | |

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| | | | | | | | | |
|--------------|--|--|--|--|-------|---|--|--|
| Common Stock | | | | | | | | by Self as Trustee for MRS Trust FBO Reid Sanders Jr |
| Common Stock | | | | | 3,434 | D | | |
| Common Stock | | | | | 1,500 | I | | Trustee, CAS and WRS GST Trust |
| Common Stock | | | | | 0 | I | | Trustee, Dr. Hugh Smith Residual Trust |
| Common Stock | | | | | 500 | I | | IRA, Spouse |
| Common Stock | | | | | 300 | I | | Sanders Properties, LLC Profit Sharing Plan FBO Reid Sanders |

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

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 control number.

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(9-02)

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. 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) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Owned Beneficially (Instr. 5) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|--|
| | | | | Code | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| SANDERS WILLIAM REID 6584 POPLAR AVENUE MEMPHIS, TN 38138 | X | | | |

Signatures

| | |
|--|------------|
| /s/ Jennifer Patrick | 12/16/2013 |
| <u> </u> 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).

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.