## Edgar Filing: EQUITY RESIDENTIAL - Form 4

## **EQUITY RESIDENTIAL**

Form 4

February 08, 2016

						OMB APPROVAL				
						OMB Number:	3235-	-0287		
Check th if no long	gar						Expires:	Janua	ry 31, 2005	
subject to Section 1 Form 4 o	TEMENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES			Estimated average burden hours per response		0.5			
Form 5	Filed	pursuant to	Section 16	(a) of t	he Securities Exchang	ge Act of 1934,	•			
obligatio may con		17(a) of the	Public Uti	lity Ho	lding Company Act o	f 1935 or Section	l			
See Instr 1(b).		30(h)	of the Inv	restmen	t Company Act of 19	40				
(Print or Type	Responses)									
1. Name and Address of Reporting Person * Santee David S			2. Issuer Name <b>and</b> Ticker or Trading Symbol EQUITY RESIDENTIAL [EQR]			5. Relationship of Reporting Person(s) to Issuer				
						(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest T	Γransaction					
			(Month/Da	-		Director 10% Owner				
TWO NORTH RIVERSIDE			02/04/2016			_X_ Officer (give title Other (specify below)				
PLAZA, SU	JITE 400					Executive V	ice President &	coo		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
CHICAGO.	II 60606		Filed(Mont	h/Day/Yea	ar)	Applicable Line) _X_ Form filed by O Form filed by Mo	1 0			
CHICHOO	, 12 00000					Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security		n Date 2A. De Year) Execut		3. Transac	4. Securities Acquired		6. Ownership Form: Direct			

rirect Indirect
Beneficial
(I) Ownership
(Instr. 4)
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 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 Exerc	cisable and	7. Title	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	Secui
(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)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title Number			
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Santee David S TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606

Executive Vice President & COO

## **Signatures**

s/ By: Jane Matz, Attorney-in-fact

02/08/2016

\*\*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 restricted shares scheduled to vest on February 4, 2019.
- (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 January 10, 2016.

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.

Reporting Owners 2