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MID AMERICA APARTMENT COMMUNITIES INC

Form 4

January 02, 2008

FORM 4

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

SECURITIES

OMB 3235-0287

Number: Expires:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

may continue. See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person *BOLTON H ERIC JR | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|----------|----------|--|--|--|--|--|
| | | | MID AMERICA APARTMENT COMMUNITIES INC [MAA] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | _X_ Director 10% Owner _X_ Officer (give title Other (specify | | | |
| 6584 POPLAR AVENUE, SUITE 300 | | | 12/31/2007 | below) below) President and Chief Executive | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| MEMPHIS, TN 38138- | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Ac | couired. Disposed of, or Beneficially Owne | | | |

| | | | | | | | 1 613011 | | |
|--------------------------------------|--------------------------------------|---|---|---------------------------------------|--------|--------------|--|--|---|
| (City) | (State) | (Zip) Tab | le I - Non- | Derivative | Secu | rities Acqu | iired, Disposed o | f, or Beneficia | lly 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. Securi on(A) or D (Instr. 3, | 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) |
| Common Stock | 12/31/2007 | | A | 250 | A | \$ 35.921 | 77,538 | D | |
| Common Stock | | | | | | | 4,328.3682 | I | Allocated shares in ESOP Trust |
| Common Stock | | | | | | | 7,639.0207 | I | JTWROS |

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

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SEC 1474 (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. Transact Code (Instr. 8) | 5. onNumber of Derivativ Securities Acquired | | ate | Amou Under Secur | le and ant of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|------------------------|--|--|---|
| | · | | | | (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | | Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BOLTON H ERIC JR 6584 POPLAR AVENUE SUITE 300

X President and Chief Executive

MEMPHIS, TN 38138-

Signatures

Kathy Rajadurai 01/02/2008

**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.

Reporting Owners 2