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WADSWOR Form 4 August 27, 2	TH SIMON F	R C										
										OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi if no long	rer									Expires:	January 31,	
subject to STATEMENT O Section 16. Form 4 or			F CHANGES IN BENEFICIAL OW SECURITIES							Estimated burden hou response	urs per	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section	17(a) of the		ility H	Iold	ing Com	ipany	Act o	ge Act of 1934, of 1935 or Sectio 940	n		
(Print or Type F	Responses)											
WADSWORTH SIMON R C Symil			Symbol						5. Relationship of Reporting Person(s) to Issuer			
			MID AMERICA APARTMENT COMMUNITIES INC [MAA]					1	(Check all applicable)			
(Month/E				-					X_ Director 10% Owner Officer (give title Other (specify below) below)			
6584 POPLA 300	AR AVENUE	, SUITE	08/26/20)10								
				ndment, Date Original hth/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 			
MEMPHIS,	TN 38138-								Form filed by M Person	Aore than One R	eporting	
(City)	(State)	(Zip)	Table	e I - No	on-De	erivative S	Securi	ties Ac	equired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)					Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	08/26/2010			G	V	245	D	\$0	88,295.5655	D		
Common Stock									4,161.1041	I	Allocated Shares In Esop Trust	
Common Stock									0	I	Ira	
Common Stock									0	I	Jtwros	

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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.

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		4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities	3		(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		
							Date		Number		
				<u> </u>					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
WADSWORTH SIMON R C 6584 POPLAR AVENUE SUITE 300 MEMPHIS, TN 38138-	Х			
Signatures				

/s/ Jennifer 08/27/2010 Patrick

<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.