

MID AMERICA APARTMENT COMMUNITIES INC  
 Form 3  
 October 09, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â RIPPS HAROLD W</p> <p>(Last) (First) (Middle)</p> <p>6584 POPLAR AVENUE</p> <p>(Street)</p> <p>MEMPHIS,Â TNÂ 38138</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>10/01/2013</p>	<p>3. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p>MID AMERICA APARTMENT COMMUNITIES INC [MAA]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	--	--

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	18,000	I	By Rime, Inc.
Common Stock	131,074	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: MID AMERICA APARTMENT COMMUNITIES INC - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Limited Partnership Units	10/01/2013	Â <sup>(1)</sup>	Common Stock	693,351	\$ <sup>(1)</sup>	D	Â
Stock Options (Right to Buy)	10/01/2013	04/26/2016	Common Stock	1,800	\$ 103.56	D	Â
Stock Options (Right to Buy)	10/01/2013	04/25/2017	Common Stock	1,800	\$ 108.95	D	Â
Stock Options (Right to Buy)	10/01/2013	04/23/2018	Common Stock	1,800	\$ 65.45	D	Â
Stock Options (Right to Buy)	10/01/2013	04/27/2018	Common Stock	1,800	\$ 57.09	D	Â
Stock Options (Right to Buy)	10/01/2013	04/25/2019	Common Stock	1,800	\$ 63.09	D	Â
Stock Options (Right to Buy)	04/24/2014	04/24/2020	Common Stock	1,623	\$ 64.14	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
RIPPS HAROLD W 6584 POPLAR AVENUE MEMPHIS, TN 38138	Â X	Â	Â	Â

## Signatures

/s/ Jennifer Patrick  
10/09/2013

\_\_Signature of Reporting Person  
Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Units are redeemable for an equal number of shares of the issuer's Common Stock or, at the election of the issuer, cash equal to the fair market value of such shares. Units have no expiration date.

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.