Edgar Filing: MID AMERICA APARTMENT COMMUNITIES INC - Form 4

| MID AMERICA APARTMI Form 4 March 09, 2005 | ENT COM | IMUNIT | FIES INC | | | | | | | |
|--|------------------------------------|------------------------------------|---|--------------------------|---|--|--|---|--|--|
| | | | | | | | | PPROVAL | | |
| UNITEL | N OMB Number: | 3235-0287 | | | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Estimated burden ho response | urs per | | | | | | | | |
| (Print or Type Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting GRINALDS JOHN S | Symbol MID A | er Name and MERICA //UNITIES | APART | MENT | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 6584 POPLAR AVENUE, SUITE 03/09/2005 300 | | | | ransaction | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| (Street) 4. If Amendm | | | Amendment, Date Original (Month/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 | | | | |
| (City) (State) | (Zip) | | | | a | Person | | | | |
| | | | | | | cquired, Disposed | | • | | |
| 1.Title of Security (Instr. 3)2. Transaction Data (Month/Day/Year) | | Date, if | 3. Transaction Code (Instr. 8) Code V | Disposed (Instr. 3, 4 | (A) or 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) | | |
| Reminder: Report on a separate lin | ne for each c | lass of sec | urities benef | icially ow | ned directly | or indirectly. | | | | |
| | | | | inforn requir | nation cont ed to resp ys a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |
| Ta | | | curities Acq ls, warrants | | | Beneficially Owned securities) | 1 | | | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount of | 8. Price |
|-------------|------------|---------------------|--------------------|-----------|-----------|-------------------------|------------------------|-----------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onof | Expiration Date | Underlying Securities | Derivativ |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Deriva Securi Acqui (A) or Dispos of (D) (Instr. and 5) | ties red sed 3, 4, | (Month/Day, | 'Year) | (Instr. 3 and | 4) | Security (Instr. 5) |
|------------------------|---|------------|-------------------------|--------------------|--|-----------------------------|---------------------|--------------------|-----------------|--|------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock | \$ 0 | 03/09/2005 | | Р | 221 | | (1) | <u>(1)</u> | Common Stock | 221 | \$ 38.5 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| GRINALDS JOHN S 6584 POPLAR AVENUE SUITE 300 MEMPHIS, TN 38138- | Х | | | | | | |
| Signatures | | | | | | | |
| Leslie Bratten Cantrell Wolfgang | 03/ | /09/2005 | | | | | |

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The units are to be settled in MAA common stock in 2 equal annual installments beginning within 90 days following the end of the calendar year in which the reporting person ceases to be a director.

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.