#### Edgar Filing: EQUITY RESIDENTIAL - Form 4

EQUITY RE Form 4 January 09, 2										
							OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANG Washington, D.C. 20549				NGE C	OMMISSION	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). STATEMENT OF CHANGES IN 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								January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type R	esponses)									
	ddress of Reporting Person CHARLES L	Symbol	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 Tr	3. Date of Earliest Transaction (Cnec							
TWO NORT PLAZA, SU	TH RIVERSIDE ITE 400	(Month/Day/Year) 01/08/2014	(Month/Day/Year)				XDirector10% Owner Officer (give titleOther (specify below)below)			
(Street) 4. If Amerr Filed(Mont CHICAGO, IL 60606			-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
						Person				
(City)	(State) (Zip)	Table I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any	ution Date, if Transacti Code th/Day/Year) (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ispose 4 and (A) or	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 Shares Of Beneficial Interest	01/08/2014	М	5,532	А	\$ 29.25	15,138.088 (1)	D			
Common Shares Of Beneficial Interest						29,604.465 (2)	Ι	SERP Account		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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 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. Transactio Code (Instr. 8)	5. Number6. Date Exercisable and Expiration Dateaction D DerivativeExpiration DateSecurities(Month/Day/Year)8)Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
Non-qualified Stock Option (Right to Buy)	\$ 29.25	01/08/2014		М	5,532	(3)	01/27/2014	Common Shares Of Beneficial Interest	5,53

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
		Director	10% Owner	Officer	Other		
ATWOOD CHARLES L TWO NORTH RIVERSIDE PLAZA, SUITH CHICAGO, IL 60606	E 400	Х					
Signatures							
s/ By: Jane Matz, Attorney-in-fact 01/0	9/2014						

\*\*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) Direct total includes restricted shares of the Company scheduled to vest in the future.
- (2) Represents shares owned by Principal Trust Company, as Trustee of the Equity Residential Supplemental Executive Retirement Plan, for the benefit of the reporting person.

(3) Represents share options scheduled to vest in three equal installments on July 27, 2004, January 27, 2005 and January 27, 2006.

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.