#### **EQUITY RESIDENTIAL**

Form 4 May 16, 2007

### FORM 4

# OMB APPROVAL

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average burden hours per

0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

**EQUITY RESIDENTIAL [EQR]** 

3. Date of Earliest Transaction

Symbol

1(b).

(Last)

(Print or Type Responses)

ROSENBERG SHELI Z

1. Name and Address of Reporting Person \*

(First)

(Middle)

TWO NORTH RIVERSIDE PLAZA, SUITE 600	(Month/I 05/14/2	(Day/Year) 2007	X Director Officer (give ti below)		Owner r (specify	
(Street)		nendment, Date Original onth/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO, IL 60606			Form filed by Mo Person	re than One Rep	oorting	
(City) (State)	(Zip) Tab	ble I - Non-Derivative Securities Ac	quired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Month/Day/Year) (Instr. 3)  Common	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) Transactiom Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price	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)	
Shares of Beneficial Interest		A 483.511 A \$ 40.3	185,779.7889 3 (1)	D		
Common Shares of Beneficial Interest			48,479.3053 (2)	I	SERP Account	
Common Shares of Beneficial Interest			68,025 (3)	I	Spouse	

### Edgar Filing: EQUITY RESIDENTIAL - Form 4

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.

**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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	tionNumber	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	) Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	I(A)(D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Othe	

ROSENBERG SHELI Z TWO NORTH RIVERSIDE PLAZA SUITE 600 CHICAGO, IL 60606

X

**Signatures** 

By: Yasmina Duwe,

05/16/2007 Attorney-in-fact

\*\*Signature of Reporting Person

## **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).
- Shares reported herein are beneficially owned by Ms. Rosenberg's spouse. Ms. Rosenberg disclaims beneficial ownership of the shares (3) owned by her spouse.
- Shares reported herein are owned by the AST Trust Company, as Trustee of the Equity Residential Supplemental Executive Retirement **(2)** Plan for the benefit of the reporting person.
- (1) Direct total includes restricted shares.

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

9. Ni Deriv Secu

Bene Own Follo Repo Trans (Insti