#### **EQUITY RESIDENTIAL**

Form 4 May 31, 2007

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

10% Owner

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Powers John

**EQUITY RESIDENTIAL [EQR]** 

(Check all applicable)

(Last)

(City)

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) Director TWO NORTH RIVERSIDE PLAZA

05/29/2007

X\_ Officer (give title Other (specify below)

**Executive Vice President** 

6. Individual or Joint/Group Filing(Check

(Street) 4. If Amendment, Date Original

Symbol

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person

CHICAGO, IL 60606

(State)

Form filed by More than One Reporting

Person

(City)	(State)	(Zip) Table	e I - Non-D	erivative Securities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature
Security	(Month/Day/Year)	Execution Date, if	Transacti	or(A) or Disposed of (D)	Securities	Ownership	Indirect
(Instr 3)		anv	Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial

(Month/Day/Year) (Instr. 8) (A)

(Zip)

(D) or Owned Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Common Shares of

05/29/2007 S 2.800  $7,486.01 \frac{(1)}{}$ D

Beneficial Interest

Common Shares of **SERP**  $5,132^{(2)}$ Ι Beneficial Account

Interest

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

**SEC 1474** (9-02) of

### Edgar Filing: EQUITY RESIDENTIAL - Form 4

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	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	of			
				Codo V	(A) (D)						
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Powers John

TWO NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 **Executive Vice President** 

### **Signatures**

By: Yasmina Duwe,

Attorney-in-fact 05/31/2007

\*\*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).
- (2) Shares reported herein are owned by the AST Trust Company, as Trustee of the Equity Residential Supplemental Executive Retirement 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.

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