## Edgar Filing: MID AMERICA APARTMENT COMMUNITIES INC - Form 4

| MID AMERICA A<br>Form 4   | APARTME                      | NT COM      | MUNIT      | TIES INC  |                           |   |   |  |   |  |  |
|---|------------------------------|-------------|------------|---|---------------------------|---|---|--|---|--|--|
| March 15, 2006  |                              |             |            |   |                           |   |   |  | PPROVAL   |  |  |
|   | UNITED                       | STATES      |            | RITIES A<br>ashington,                            |                           |   | COMMISSIO   | N OMB<br>Number:   | 3235-0287   |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Check this box<br>if no longer<br>subject to<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                              |             |            |   |                           |   |   |  | urs per   |  |  |
| (Print or Type Response   | ses)                         |             |            |   |                           |   |   |  |   |  |  |
| FOGELMAN ROBERT F Sy<br>M   |                              |             |            | er Name <b>and</b><br>MERICA<br>IUNITIES          | APART                     | MENT  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |  |   |  |  |
|   |                              |             |            | of Earliest Tr<br>Day/Year)<br>2006               | ransaction                |   | X Director<br>Officer (giv<br>below)  | Officer (give title Other (specify                                   |   |  |  |
| Filed   |                              |             |            | endment, Da<br>onth/Day/Year                      | -                         | 1   | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |   |  |  |
| MEMPHIS, TN 3   |                              |             |            |   |                           |   | Person  |  |   |  |  |
| (City) (S   | state)                       | (Zip)       | Tab        | ole I - Non-I                                     | Derivative                | Securities A  | cquired, Disposed   | of, or Beneficia   | lly Owned   |  |  |
|   | nsaction Date<br>h/Day/Year) |             | Date, if   | 3.<br>Transaction<br>Code<br>(Instr. 8)<br>Code V | Disposed<br>(Instr. 3, 4  | (A) or<br>of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Reminder: Report on a   | a separate line              | for each cl | ass of sec | urities benef                                     | Perso<br>inform<br>requir | ns who rest<br>nation cont<br>ed to respo<br>ys a curre | or indirectly.<br>spond to the colle<br>ained in this forn<br>ond unless the fo<br>ntly valid OMB co  | n are not<br>rm  | SEC 1474<br>(9-02)  |  |  |
|   | Tabl                         |             |            |   |                           | posed of, or<br>convertible s                           | Beneficially Owner<br>securities)   | d  |   |  |  |

| 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<br>(Instr. 3) | or Exercise<br>Price of<br>Derivative<br>Security |            | any<br>(Month/Day/Year) |        | ode Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4,<br>and 5) |     | (Month/Day/Year)    |                    | (Instr. 3 and 4) |  | Security<br>(Instr. 5) |
|------------------------|---|------------|-------------------------|--------|---|-----|---------------------|--------------------|------------------|--|------------------------|
|                        |   |            |                         | Code V | (A)   | (D) | Date<br>Exercisable | Expiration<br>Date | Title            | Amount<br>or<br>Number<br>of<br>Shares |                        |
| Phantom<br>Stock       | \$ 0  | 03/15/2006 |                         | А      | 142   |     | <u>(1)</u>          | <u>(1)</u>         | Common<br>Stock  | 142                                    | \$ 56.0                |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |
| FOGELMAN ROBERT F<br>6584 POPLAR AVENUE<br>SUITE 300<br>MEMPHIS, TN 38138- | Х             |           |         |       |  |  |  |
| Signatures   |               |           |         |       |  |  |  |
| Leslie Bratten Cantrell<br>Wolfgang  | 03/           | /15/2006  |         |       |  |  |  |

\*\*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.