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AMERICAN CAMPUS COMMUNITIES INC

Form 4 May 10, 2010

FORM 4

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Macchione Joseph M

2. Issuer Name and Ticker or Trading
Symbol

5. Relationship of Reporting Person(s) to
Issuer

AMERICAN CAMPUS
COMMUNITIES INC [ACC] (Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction __X_ Director _____ 10% Owner (Month/Day/Year) _____ Officer (give title _____ Other (specify

10 CAMPUS BOULEVARD 05/06/2010 below) below)

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

Filed(Month/Day/Year)

Applicable Line)

X Form filed by One Reporting Person

___ Form filed by More than One Reporting

NEWTOWN SQUARE, PA 19073 — For Person

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of 3. Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially Beneficial (D) or (Month/Day/Year) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Instr. 8) Following (Instr. 4) (Instr. 4)

(A) Reported
Transaction(s)
or
(Instr. 3 and 4)

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

Common Stock 05/06/2010 M 1,550 A (1) 5,607 D

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)

3235-0287

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average

burden hours per

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| 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. Transactic Code (Instr. 8) | 5. Numb orDerivati Securitic Acquire Dispose (Instr. 3, | ve es d (A) or d of (D) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|----------------------------------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Restricted Stock Units | <u>(1)</u> | 05/06/2010 | | A | 1,550 | | <u>(1)</u> | <u>(1)</u> | Common Stock, par value \$.01 per share | 1,550 |
| Restricted Stock Units | <u>(1)</u> | 05/06/2010 | | M | | 1,550 | <u>(1)</u> | <u>(1)</u> | Common Stock, par value \$.01 per share | 1,550 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |

Macchione Joseph M
10 CAMPUS BOULEVARD X
NEWTOWN SQUARE, PA 19073

Signatures

/s/ Jonathan A. 05/10/2010 Graf

**Signature of Date
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).
- (1) Restricted stock units were fully vested on the date of grant (5/06/2010) and shares of common stock underlying the restricted stock units were all settled by the delivery of shares of common stock, on the date of grant.

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