### Edgar Filing: AMERICAN CAMPUS COMMUNITIES INC - Form 4

#### AMERICAN CAMPUS COMMUNITIES INC

Form 4

February 02, 2006

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|    |    |   |            |

#### **OMB APPROVAL** TES SECURITIES AND EXCHANGE COMMISSION OMB

Number:

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Washington, D.C. 20549

January 31, Expires: 2005

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response...

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

Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

Form 4 or

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 \* Graf Jonathan Albert

2. Issuer Name and Ticker or Trading Symbol

Issuer

AMERICAN CAMPUS COMMUNITIES INC [ACC]

(Check all applicable)

5. Relationship of Reporting Person(s) to

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

X\_ Officer (give title

Director

10% Owner Other (specify

C/O AMERICAN CAMPUS

01/31/2006

(Month/Day/Year)

below) Sr. V.P., Chief Acct. Ofcr

COMMUNITIES, INC., 805 LAS CIMAS PARKWAY SUITE 400

> (Street) 4. If Amendment, Date Original

> > (Month/Day/Year)

Filed(Month/Day/Year)

(Instr. 8)

Code V

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

AUSTIN, TX 78746

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Middle)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

(A) Amount

Transaction(s)

(Instr. 3 and 4)

Common stock

01/31/2006

\$0 Α 1,612.9 Α 3,309.28

In IRA for

(9-02)

Common stock

(D)

Price

200 Ι Son

D

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

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### 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. Title  | and          | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|-----------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onNumber   | Expiration D  | ate         | Amoun     | t of         | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Underly   | ying         | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Securit   | ies          | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |             | (Instr. 3 | 3 and 4)     |             | Own    |
|             | Security    |                     |                    |            | Acquired   |               |             |           |              |             | Follo  |
|             | •           |                     |                    |            | (A) or     |               |             |           |              |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |             |           |              |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |             |           |              |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |             |           |              |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |             |           |              |             |        |
|             |             |                     |                    |            |            |               |             |           | A manuat     |             |        |
|             |             |                     |                    |            |            |               |             |           | Amount       |             |        |
|             |             |                     |                    |            |            | Date          | Expiration  |           | Or<br>Number |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date        |           | Number       |             |        |
|             |             |                     |                    | C + V      | (A) (D)    |               |             |           | of           |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |             |           | Shares       |             |        |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Graf Jonathan Albert C/O AMERICAN CAMPUS COMMUNITIES, INC. 805 LAS CIMAS PARKWAY SUITE 400 AUSTIN, TX 78746

Sr. V.P., Chief Acct. Ofcr

## **Signatures**

/s/ Brian B. 02/02/2006 Nickel

\*\*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).

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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