Edgar Filing: SCHWARZ RICHARD T - Form 4

| | RICHARD T | | | | | | | | | | |
|--|--|--------------|---|--|-----------|------------|--|---|--|---------------------|--|
| Form 4 August 11, 2 | 010 | | | | | | | | | | |
| e | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long | or | | | | | | | | Expires: | January 31, 2005 | |
| subject to Section 1 Form 4 or | S CHANGES IN BENEFICIAL OWN SECURITIES | | | | | NERSHIP OF | Estimated average burden hours per response (| | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | inue. Section 17 | (a) of the l | Public Ut | . , | ling Con | ipany | y Act of | e Act of 1934, 1935 or Section 0 | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| SCHWARZ RICHARD T Symbol ASSO | | | Symbol ASSOC | er Name and Ticker or Trading CIATED ESTATES REALTY | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | CORP [| - | | | | | | | |
| (Month/ | | | 3. Date of (Month/D 08/09/20 | - | | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| RICHAMO HEIGHTS, | | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any (Month/Day/Y | | n Date, if | Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Shares, without par value | 08/09/2010 | | | М | 5,000 | А | \$ 10.29 | 86,567 | D | | |
| Common Shares, without par value | 08/09/2010 | | | S | 5,000 | D | \$ 14 | 81,567 | D | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 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. Transacti Code (Instr. 8) | | | 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 |
| Employee Stock Options | \$ 10.29 | 08/09/2010 | | М | | 5,000 | 05/08/2003 | 05/08/2012 | Common Shares | 5,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| SCHWARZ RICHARD T | | | | | | |
| ONE AEC PARKWAY | Х | | | | | |
| RICHAMOND HEIGHTS, OH 44143 | | | | | | |
| Signatures | | | | | | |
| /s/Suzanne K. Hanselman, as | | | | | | |
| Attorney-in-Fact | 08/11/2010 | | | | | |
| <pre>**Signature of Reporting Person</pre> | | Date | | | | |
| Explanation of Poopo | | | | | | |

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.