Edgar Filing: Moglia Peter M - Form 4

| Form 4 | | | | | | | | | | | | |
|---|---|--|---|--|--|----------|-----------------------|--|---|---|--|--|
| August 17, 2018 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | | |
| | | IES AND EXCHANGE COMMISSION agton, D.C. 20549 | | | | | 3235-0287 | | | | | |
| Check th if no long subject to Section 1 Form 4 c Form 5 | ger STATEN 16. or | STATEMENT OF CHANGES IN BENEFIC SECURITIES | | | | | | | Expires:January 31200Estimated averageburden hours perresponse0. | | | |
| obligatio may cont <i>See</i> Instr 1(b). | ns Section 17(| 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 | | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol ALEXANDRIA REAL ESTATE EQUITIES INC [ARE] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | (Check all applicable) | | | | | | | | | | | |
| ESTATE E | (First) (1 ANDRIA REAL QUITIES, INC, 3 ORADO BLVD. | | 3. Date of (Month/D 08/15/20 | - | ransaction | | | Director X Officer (give below) Co-Chief | | Owner r (specify icer | | |
| | | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| PASADEN | A, CA 91101 | | | | | | | Person | ore than One Rej | porting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative | Secur | rities Acqu | iired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | Date, if | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 08/15/2018 | | | Code V F | Amount 3,347 (1) | (D) D | Price \$ 126.74 | (Instr. 3 and 4) 138,671 | 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Year) rivative curities quired) or sposed (D) str. 3, | | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|--|--------------------|-----------------------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|----------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Moglia Peter M C/O ALEXANDRIA REAL ESTATE EQUITIES, INC 385 EAST COLORADO BLVD., SUITE 299 PASADENA, CA 91101 | | | Co-Chief Executive Officer | | | | |
| Signatures | | | | | | | |
| /s/ Eric Steiner, 08/16/2018 | | | | | | | |

08/16/2018 Attorney-in-Fact Date

**Signature of 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) Represents shares withheld by the issuer to satisfy a tax obligation realized by the reporting person upon the vesting of restricted stock.

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.