SCHOFF JAMES A

Form 4 May 09, 2008

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 4 or Form 5 obligations may continue.

See Instruction

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)

2. Issuer Name and Ticker or Trading SCHOFF JAMES A Issuer Symbol ASSOCIATED ESTATES REALTY (Check all applicable) CORP [AEC] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) ONE AEC PARKWAY 05/07/2008 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

RICHMOND HEIGHTS, OH 44143 (State)

(Zip)

1. Name and Address of Reporting Person *

	· · · ·	1 able	1 - Non-De	erivauve S	ecuriu	ies Acc	quirea, Disposea	oi, or belieficia	ny Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	nAcquired	(A) or		Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed	of (D))	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(A)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
			Code v	Amount	(D)	FIICE			

Common Shares,

(City)

10,000 D without par

value

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)required to respond unless the form displays a currently valid OMB control number.

Person

Table I. Non Derivative Securities Acquired Disposed of an Reposicially Ou

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Share Units (1)	\$ 0 (2)	05/07/2008	A	4,307	(3)	(3)	Common Share	4,307	<u>(1</u>

Reporting Owners

Reporting Owner Name / Address $\frac{\text{Relationships}}{\text{Director}} = \frac{10\% \text{ Owner}}{10\% \text{ Owner}} = \frac{\text{Other}}{10\% \text{ Other}}$ SCHOFF JAMES A

X

ONE AEC PARKWAY RICHMOND HEIGHTS, OH 44143

Signatures

/s/Suzanne K. Hanselman, as Attorney-in-Fact

05/09/2008

**Signature of Reporting Person

Date

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) Deferred compensation units (DCUs) acquired pursuant to deferral of restricted share grant made under the Company's deferred compensation plan.
- (2) Cash settlement right only. DCUs are settled in cash based upon the market value of the Company's common shares at the time of settlement. Each DCU represents the economic equivalent of one common share.
- (3) DCUs are to be settled on the date elected by the reporting person at the time of deferral election.

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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