## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigion,	D.C.	20543

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

37 Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							` '													
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MANUFACTURED HOME									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WALKER HOWARD					COMMUNITIES INC [ MHC ]									X Director				10% O	wner	
(Last)	(Fir	rst) (	Middle)			J111	WICI	1111	<u> </u>	[ 1,11	10 ]				X		fficer (give title elow)		Other ( below)	(specify
` '	,	,	,			3. Date of Earliest Transaction (Month/Day/Year)										(	Chief Exec	utive	Officer	
TWO NORTH RIVERSIDE PLAZA				05/	05/13/2004															
SUITE 800				4 14	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Stroot)					-   4. 11	Ame	enament	, Date t	or Originai	Filea	(Month/Da	ay/ yea	ar)		. Inaiv .ine)	iduai o	r Joint/Group	Filing	(Спеск А	pplicable
(Street) CHICAG	O IL	4	50606												X	Forn	n filed by One	e Repo	rting Pers	on
CHICAG	O IL	(	0000													Forn	n filed by Mor	re than	One Rep	orting
					1											Pers	on		·	, l
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	n-Deriv	/ative	Se	curitie	es Ac	quired,	Disp	osed o	f, or	Ben	efici	ally	Owne	ed			
			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			4 and   Secui		ount of ties cially	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial	
				(	Dayricary		(Month/Day/Year)					3,				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)
										v	Amount	(A) or (D) Pri		Pric	e	Transaction(s) (Instr. 3 and 4)				(111311.4)
Common Stock, par value \$.01 05,				05/1	3/2004	/2004			J <sup>(1)</sup>		667		D	\$	i0	1	19,333		D	
Common Stock, par value \$.01				05/1	3/2004				J <sup>(1)</sup>		667		A \$0		0	221,436			I	*(2)
Common	Stock, par value \$.01 1,079.04						I	by 401K Plan												
		Та	able II - C								sed of, onvertib					vned				
1. Title of	2.	3A. Deemed		4.		5. Number		6. Date E	6. Date Exercisa		7. Ti	7. Title and		8. Pr	ice of	9. Number o	f 10	).	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution (Month/Day/Year)  53. Cransaction Date (Month/Day/Year)  (Month/Day/Year)				Date, Transaction			n of		Expiratio (Month/D	n Date	•	Amount of Securities Underlying Derivative Security (Instr and 4)		str. 3	Secu	rivative curity	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Fo Di or (I)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	ount mber ares						

## **Explanation of Responses:**

- 1. Reports shares which were contributed to the Manufactured Home Communities, Inc. Employee Supplemental Retirement Account (direct to indirect position).
- 2. Shares reported herein are beneficially owned by The Security Trust Company as Trustee of the Manufactured Home Communities, Inc. Supplemental Employees Retirement Plan for the benefit of the Reporting Person.

By: Jennifer L. Usher, by Power of Atty. For: Howard

05/13/2004

Date

Walker

\*\* Signature of Reporting Person

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

- \* 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.

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 Number.