FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

wasnington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

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1. Name an		2. Issuer Name <b>and</b> 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% Owner		)wner	
(Last) (First) (Middle)						. ,									X	Offic belov			(specify		
TWO NO		3. Date of Earliest Transaction (Month/Day/Year) 01/05/2004									Chief Executive Officer										
SUITE 80	01/																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														'	Line) X Form filed by One Reporting Person						
CHICAGO IL 60606															Form filed by More than One Reporting						
(City) (State) (Zip)															Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
			ie i - Noi							פוט	_										
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dis		Securities Acquired (A) isposed Of (D) (Instr. 3,			4 and Secu Bene Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(4	A) or D)	Price	,  т		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock, par value \$.01 01/04						4					5,063	3	D	\$0		18,667		Г	)		
Common Stock, par value \$.01					1/02/2004				I		7,812	2	A	\$32		215,039		I		*(2)	
Common Stock, par value \$.01				01/04/2004				<b>J</b> (1)		5,063	3	Α	\$0		220,102		I		*(2)		
Common Stock, par value \$.01																853.15		I		by 401K Plan	
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)	Execution if any	if any		i. Fransaction Code (Instr. S)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			e of tive ty 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Forr Dire or Ir (I) (I	nership n: ct (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(A) (D) E			Expiration Date	Amoun or Numbe of Title Shares		ber							

## **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

wer of Atty. For: Howard 01/05/2004

Walker

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.