FORM 4

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

| OMB APPROVAL | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Typ | e Responses |) | | | | | | | | | | | | | | | | |
|--|---|---|------------|---|----------|-----------|---|---------------|---|---|--|--|------------------|--|--|--|-------------------------|----|
| 1. Name and Address of Reporting Person* SKELTON JEFFREY L | | | | 2. Issuer Name and Ticker or Trading Symbol AMB PROPERTY CORP [AMB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner | | | | | | |
| AMB PROBAY 1 | * | (First) CORPORATION | I DIED 1 | 3. Date o 05/06/2 | | | ansac | tion (N | Ionth/D | ay/Yea | r) | | (| Officer (give | title below) | Oth | er (specify belo | w) |
| (Street) SAN FRANCISCO, CA 94111 | | | | 4. If Amendment, Date Original Filed(Month/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 Person | | | | | ne) | |
| (City | | (State) | (Zip) | | | 7 | Γable | I - No | n-Deriv | vative S | ecurities | s Acqui | ired, E | Disposed | of, or Benef | ficially Own | ed | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year | | | Date, if | Cod | ransaction e (A) or Disposed tr. 8) (Instr. 3, 4 and | | isposed o | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | d | Form: | 7. Nature of Indirect Beneficial | | | |
| | | | | (Month/Day/Yea | | y/ y ear) | C | ode | V A | Amount (A) or (D) | | Price | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock (1) | | 05/06/2010 | | | | A | | 2 | ,934 | A | \$ 0 2 | 25,359 | | | | D | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | cise (Month/Day/Year) any (Month/Day/Year) Code (Instr. 8) Derivative Securities Acquired | | le securit | | | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | Ownershi (Instr. 4) D) | | | | | | | |
| | | | | Code | V | (A) | (D) | Date Exerc | isable | Expir Date | ation | Title | | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$ 26.58 | 05/06/2010 | | A | | 6,762 | | 05/05 | 5/2011 | 05/0 | 6/2020 | Com | mon | 6,762 | (2) | 107,842 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| SKELTON JEFFREY L AMB PROPERTY CORPORATION, PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | X | | | | | | | |

Signatures

| /s/ Tamra Browne, pursuant a power of attorney dated 05/08/2008 | 05/06/2010 |
|---|------------|
| **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).
- Shares were granted pursuant to the Company's 2002 Stock Option and Incentive Plan and are subject to a repurchase right held by the Company, which lapses fully on May 5, 2011.
- (2) Not applicable.

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.