## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasilington,	D.C.	20040	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

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).

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

Name and Address of Reporting Person*     Gottfried John J.				2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [ AKR ]					(Che	elationship o ck all applica Director	able)	Perso	n(s) to Issu 10% Ow Other (s	ner			
(Last) (First) (Middle) C/O ACADIA REALTY TRUST 411 THEODORE FREMD AVE					3. Date of Earliest Transaction (Month/Day/Year) 02/18/2021						X Officer (give title Officer (specify below)  Sr. VP and CFO						
(Street) RYE (City)	N (St		10580 (Zip)	4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In Line							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			. Transacti ate Month/Day	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of (D) (Instr. 3, 4)		d (A) or . 3, 4 and 5	5. Amoun Securities Beneficial Owned Fo Reported	Form (D) or ollowing (I) (In:		Direct I ndirect E tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V Amount (A) or (D)					Price	Transaction (Instr. 3 au			`	, ,		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		3A. Deemed Execution Date if any (Month/Day/Yea	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Date Expiration				Amount or Number of Shares		(Instr. 4)	m(S)						
Limited Partnership Units	\$0.00	02/18/2021	02/18/2021	A		49,119 <sup>(1)</sup>		(1)		(1)	Common Shares of Beneficial Interest	49,119	\$0.00	131,092	2	D	

## **Explanation of Responses:**

1. On February 18, 2021, Mr. Gottfried was awarded these restricted limited partnership units ("LTIP Units") in Acadia Realty Limited Partnership (the "Company"). 49,119 LTIP Units shall vest as follows: equal amounts shall vest on January 6, 2022 and on each of the first, second, third and fourth anniversaries thereof, provided that Mr. Gottfried continues to be employed on the vesting date in question. This figure excludes LTIP Units granted under the Company's outperformance plan, the vesting of which is subject to conditions, other than the passage of time and continued employment, which are not tied solely to the marked price of an equity security of the Company. The vesting conditions for the Company's outperformance plan relate to the Company's shareholder return relative to the total shareholder return of a basket of peer group companies.

## Remarks:

/s/ John Gottfried

02/22/2021

\*\* Signature of Reporting Person

Date

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

- $^{\ast}$  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.