FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

•

1	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								

0.5

hours per response:

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

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* ZOBA C DAVID (Last) (First) (Middle) C/O ACADIA REALTY TRUST						2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR] 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2018							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)					
411 THEODORE FREMD AVENUE, SUITE 300 (Street) RYE NY 10580 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transa Date								3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amour Securities Beneficia Owned For Reported	s lly ollowing	Form:	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	,	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)				
			Table II - D (e					uired, Dis , options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye:	Cod	nsactio le (Inst			6. Date Exercisa Expiration Date (Month/Day/Yea		e of Securities		es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	Own Forr Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisable		xpiration late	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)			
Limited Partnership Units	(1)	05/10/2018		A		3,062 ⁽¹⁾		(1)		(1)	Common Shares of Beneficial Interest - \$.001 Par Value	3,062	\$0	16,193	3	D		
Limited Partnership Units	(2)	05/10/2018		A		3,391 ⁽²⁾		(2)		(2)	Common Shares of Beneficial Interest - \$.001 Par Value	3,391	\$0	19,584 ⁽⁾	3)	D		

Explanation of Responses:

- 1. This grant was awarded in connection with the payment of annual Trustee fees. Trustees have the option to convert all or part of any cash payment due to them under the Trust Compensation Plan to restricted limited partnership units in Acadia Realty Limited Partnership (LTIP Units) with a vesting period of one year at a 10% discount to the preceding 20-day average share price from the date of issuance. These LTIP Units reflect the portion of Mr. Zoba's cash compensation that he elected to receive in LTIP Units and represent the number he was entitled to receive after giving effect to the 10% discount. These LTIP Units shall vest on May 9, 2019.
- 2. This grant was awarded in connection with the payment of annual Trustee fees. These LTIP Units shall vest according to the following schedule: one-third shall vest on May 9, 2019, one-third shall vest on May 9, 2020 and the remaining third shall vest on May 9, 2021, pursuant to the Trust Compensation Plan.
- 3. This number represents the total number of LTIP Units now held by Mr. Zoba.

Remarks:

C. David Zoba

05/10/2018

** Signature of Reporting Person

Date

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.