FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Spitz William T. (Last) (First) (Middle) C/O ACADIA REALTY TRUST 1311 MAMARONECK AVE., SUITE 260 (Street) WHITE PLAINS NY 10605					3. D 05/	2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR] 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2012 4. If Amendment, Date of Original Filed (Month/Day/Year) 05/18/2012								(Check	o all app Direct Offic below vidual co	er (give title V) Other (specify below) r Joint/Group Filing (Check Applicable of filed by One Reporting Person of filed by More than One Reporting		Owner (specify) Applicable
(City)	(5)		Zip)	n Doriv	ativo	Soc	uritio	s A o	quirod		enocod o	f or F	Popofi	oially	Own			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				tion	ion 2A. Deemed Execution Date,		3. 4. Securitie		s Acquired (A) or f (D) (Instr. 3, 4 and 5		er and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Shares of Beneficial Interest - \$.001 Par Value				2012	012		A		2,403 ⁽¹⁾	(D)		22.83	<u> </u>	3 and 4)	D			
Common Shares of Beneficial Interest - \$.001 Par Value 05/16/20				2012	012		A		3,156 ⁽²⁾	A	\$2	2.83 ⁽²⁾		8,024	D			
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)	3A. Deer Execution if any (Month/I	on Date,	4. Transa Code (8)	Instr.	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares		Deri Seci (Inst	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. This grant was awarded in connection with the payment of annual Trustee fees. These Shares shall vest according to the following schedule: one-third shall vest on May 16, 2013, one-third shall vest on May 16, 2014 and the remaining third shall vest on May 16, 2015.

2. Trustees have the option to convert all or part of any cash payment due to them under the Trust Compensation Plan to Common Shares with a vesting period of one year at a 10% discount to the preceding 20-day average share price from the date of the Annual Meeting of Shareholders. No dividends are paid on Restricted Shares until they vest. These shares reflect the portion of Mr. Spitz's cash compensation that he elected to receive in shares and represent the number of shares he was entitled to receive after giving effect to the 10% discount. These Shares shall vest one year from the date of issuance, pursuant to the Trust Compensation Plan.

Remarks:

William Spitz 05/21/2013

** 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.