FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANGES	IN BENEFICIA	L OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	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

1. Name and Address of Reporting Person* KELLAR LORRENCE T					2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR]										tionship of Reporting all applicable) Director Officer (give title		10% O		wner	
(Last) (First) (Middle) C/O ACADIA REALTY TRUST 1311 MAMARONECK AVENUE, SUITE 260						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2012										belov			Other (specify below)	
(Street) WHITE PLAINS NY 10605 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 05/18/2012									i. Individ ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Bene	efici	ally C	wne	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed O			es Acquired (A) o Of (D) (Instr. 3, 4 a			and 5) Secur Benet		icially d Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or F	Price	- 1	Transa	action(s) 3 and 4)			(Instr. 4)	
Common Shares of Beneficial Interest - \$.001 Par Value 05/16/20						012		A		2,403(1)	A \$2		\$22	.83	45,437		D			
Common Shares of Beneficial Interest - \$.001 Par Value					012		A		3,399 ⁽²⁾ A \$2		\$22.8	83 ⁽²⁾ 48,836		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)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Expirati (Month)	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3		ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form Direct or Inc (I) (In	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Code V		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Ame or Nun of Sha											

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. Kellar'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:

Lorrence Kellar

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.