FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|--|--|--|--|-----------------------------|---|---|--|---------|--|---|--------|---|---|-----------------|--------|---|---|---|---|--|---------|--|
| 1. Name and Address of Reporting Person* POVINELLI JOSEPH | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| , TOVIIV | | | | | | | | | | | | | | | | X | Office below | er (give title | | | specify | |
| (Last) (First) (Middle) C/O ACADIA REALTY TRUST | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2005 | | | | | | | | | | | Sr. Vice President | | | | | | |
| 1311 MA | MARONE | CK AVENUE, S | UITE 260 |) | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| WHITE PLAINS | NY | <i>7</i> 1 | .0605 | | | | | | | | | | | | | X | | filed by One | | | | |
| LAINS | | | | | | | | | | | | | | | | | Pers | n filed by Mor on | re tna | an One Rep | orting | |
| (City) | (Sta | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | curitie | s Ac | quir | ed, D | isp | osed o | f, o | r Bene | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | ar) E | 2A. Deemed Execution Date, f any (Month/Day/Year) | | Tr C | 3. Transaction Code (Instr.) 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | Securities For Beneficially (E | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | C | ode | ' | Amount | | (A) or (D) | Price | | | | | | (111511.4) | | |
| Common Shares of Beneficial Interest - 08/16/ | | | | | 5/2005 | | | | S | | 200 | D | | \$1 | 8 | 21,722 ⁽¹⁾ | | | 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. Deeme Execution if any (Month/Day | Date, Transaction Code (Ins | | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Deri | rice of ivative 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) | | |
| | | | Code | v | (A) | (D) | | | | expiration Pate | Title | or Nun of | ount nber res | | | | | | | | | |

Explanation of Responses:

 $1. \ Includes \ 5,787 \ vested \ Restricted \ Shares \ of \ a \ total \ of \ 18,896 \ Restricted \ Shares \ issued \ to \ Mr. \ Povinelli \ in \ 1999 \ through \ 2005.$

/s/ Joseph Povinelli 08/19/2005

** 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.