FORM 3

# **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

## OMB APPROVAL Washington, D.C. 20549 OMB Number:

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

|  | d Address of Rep<br>ton Reginal |        | 2. Date of Requiring (Month/Date 02/12/20)                     | Statement<br>y/Year)                    | 3. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [ AKR ]           |  |   |  |  |  |
|--|---------------------------------|--------|--|---|---|--|---|--|--|--|
| (Last) (First) (Middle) C/O ACADIA REALTY TRUST  |                                 |        |  |   | Relationship of Reporting Issuer (Check all applicable)                           | . ,                                    |   | 5. If Amendment, Date of Original Filed (Month/Day/Year)                                 |  |  |
| 411 THEC   | DORE FRE                        | MD AVE | _  |   | Director  X Officer (give title below)  | 10% Owner<br>Other (specify<br>below)  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting |  |  |
| (Street) RYE NY 10580  |                                 |        | _  |   | EVP and C   | ОК                                     |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person        |  |  |
| (City)   | (State)                         | (Zip)  |  |   |   |  |   |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |                                 |        |  |   |   |  |   |  |  |  |
| 1. Title of Security (Instr. 4)  |                                 |        |  |   | 2. Amount of Securities<br>Beneficially Owned (Instr.<br>4)                       | Form: D<br>(D) or In                   |   |  | l. Nature of Indirect Beneficial<br>Ownership (Instr. 5) |  |
| Common Shares of Beneficial Interest   |                                 |        |  |   | 4,322   | D                                      |   |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                 |        |  |   |   |  |   |  |  |  |
|  |                                 |        | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | 3. Title and Amount of Securities<br>Underlying Derivative Security<br>(Instr. 4) |  | s 4.<br>Conversion<br>or Exercise<br>Price of |  | 5.<br>Ownership<br>Form:<br>Direct (D)                   | 6. Nature of Indirect Beneficial Ownership (Instr. |
|  |                                 |        | Date<br>Exercisable  | Expiration<br>Date                      | Title   | Amount<br>or<br>Number<br>of<br>Shares | Derivative<br>Security                        |  | or Indirect<br>(I) (Instr. 5)                            | 5)   |
| Limited Partnership Units  |                                 | (1)    | (1)  | Common Shares of<br>Beneficial Interest | 40,857  | 0.00                                   |   | D  |  |  |

### **Explanation of Responses:**

1. Represents long-term incentive partnership units ("LTIP Units") in Acadia Realty Limited Partnership ("ARLP") previously granted to the employee. The LTIPs are exchangeable on a 1:1 basis for common partnership units of ARLP ("Common Units") which in turn, are exchangeable on a 1:1 basis for common shares of beneficial interest of Acadia Realty Trust. There is no expiration date for the conversion of LTIP Units or Common Units.

#### Remarks:

/s/ Reginald Livingston 02/20/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.