FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burd	len							
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* WIELANSKY LEE S						2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR]											olicable)	g Persoi	Person(s) to Issuer 10% Owner	
	C/O ACADIA REALTY TRUST				3. Date of Earliest Transaction (Month/Day/Year) 05/09/2016										Office below	er (give title v)		Other (specify below)		
411 THEODORE FREMD AVENUE, SUITE 300 (Street) RYE NY 10580 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secur Benef		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Trai		action(s) 3 and 4)			(Instr. 4)
Common Shares of Beneficial Interest - \$.001 Par Value 05/09					/2016	2016			A		2,351 ⁽¹	1)	A	\$34	\$34.02		51,140)	
Common Shares of Beneficial Interest - \$.001 Par Value 05/09					/2016				A	A			A	\$30.62		51,793(3)		Ι)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		ı of		6. Date Exercis Expiration Date (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deri Secu		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) idirect	Beneficial Ownership (Instr. 4)	
		Code		Code	v	(A)	(D)			Expiration Date	Amount or Number of Shares		nber							

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 9, 2017, one-third shall vest on May 9, 2018 and the remaining third shall vest on May 9, 2019, pursuant to the Trust Compensation Plan.
- 2. 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 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 issuance. These shares reflect the portion of Mr. Wielansky'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 on May 9, 2017. No dividends are paid on Restricted Shares until they vest.
- 3. This number represents the total number of Shares now held by Mr. Wielansky (40,441 vested Shares and 11,352 unvested Shares).

Lee S. Wielansky

05/11/2016

** 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.