FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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*  CROCKER DOUGLAS II						2. Issuer Name <b>and</b> Ticker or Trading Symbol ACADIA REALTY TRUST [ AKR ]									Check a	II app	licable) tor	:	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) C/O ACADIA REALTY TRUST						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2018										Office belov	er (give title v)		Other (s below)	
411 THEODORE FREMD AVENUE, SUITE 3  (Street)  RYE NY 10580  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	es Aco	quired,	Dis	posed o	f, o	r Ben	efici	ally O	wne	ed			
				2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						4 and Se Be Ov		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Price	,  т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Shares of Beneficial Interest - \$.001 Par Value						0/2018			A		2,120	1)	A	\$23	3.59	59 43,896		D		
Common Shares of Beneficial Interest - \$.001 Par Value						05/10/2018			A		3,391 <sup>(2)</sup>		A	\$23.59		47,287 <sup>(3)</sup>		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)  (Month/Day/Year)  33. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)							6. Date E Expiration (Month/E	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		erivative ecurity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V		(D)			Expiration Date	Amour or Numbe of Shares		nber						

## Explanation of Responses:

- 1. 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. Crocker'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, 2018.
- 2. 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, 2019, one-third shall vest on May 9, 2021, pursuant to the Trust Compensation Plan.
- 3. This number represents the total number of Common Shares now held by Mr. Crocker.

## Remarks:

Douglas Crocker

05/10/2018

\*\* 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.