FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWN	IERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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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

4 Name -		D*			_		. ,				Symbol	01 13-		5	Relation	nshin of Renorti	na Person(s) to	Issuer
Name and Address of Reporting Person* Conlon Christopher				2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Comon	CIIIIstop	<u>Her</u>													_	Director Officer (give title		Owner r (specify
(Last)	(Fi	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)							┪		elow)	belov	v) .		
C/O ACADIA REALTY TRUST			02/28/2017									Executive Vice President						
411 THEODORE FREMD AVENUE, SUITE 300																		
,				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															ne) X F	Form filed by On	e Renorting Pe	rson
RYE	N'	Y 1	10580													orm filed by Mo		
																Person		, , ,
(City)	(St	ate) (Zip)															
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	r Bene	ficia	ally Ov	vned		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution D		Date,	Code	Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3,		(A) or 3, 4 a	nd Se Be Ov	Amount of curities eneficially vned Following eported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	ͺ Tra	ansaction(s) estr. 3 and 4)		(msu. 4)
Limited F	Partnership V	Units		02/28	/2017				A		55,421	(1)	A	\$	\$0 139,112 ⁽²⁾ D			
		Та									sed of, onvertib				y Own	ed		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year			3A. Deem Execution if any (Month/Da	on Date, Tran Code		ction Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivati Security (Instr. 5)	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Car	Code	V	(A)		Date Exercise		Expiration	Title	Amo or Nun of	ber	1 1 1			

Explanation of Responses:

1. On February 28, 2017, Mr. Conlon was awarded these restricted limited partnership units ("LTIP Units") in Acadia Realty Limited Partnership (the "Company"). 36,144 LTIP Units shall vest as follows: equal amounts shall vest on January 6, 2018 and on each of the first, second, third and fourth anniversaries thereof, provided that Mr. Conlon continues to be employed on the vesting date in question. 50% of the remaining 19,277 LTIP Units will vest subject to the same schedule and Mr. Conlon's continued employment and the other 50% as follows: 60% shall vest on January 6, 2020, subject to Mr. Conlon's continued employment and the Company achieving certain cumulative benchmarks established by the Company's Board of Trustees. Provided that the initial 60% vests as described above and further provided that Mr. Conlon is continuously employed by the Company, 20% shall vest on January 6, 2021 and 20% shall vest on January 6, 2022.

2. This number represents the total number of LTIP Units (28,083 vested and 111,029 unvested) now held by Mr. Conlon.

Remarks:

Christopher Conlon 03/02/2017

** 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.