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 burden 0.5 hours per response:

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## 

mstruc	uon 1(b).								inties Exchar Company Act		934						
1. Name and Address of Reporting Person* <u>LUSCOMBE WENDY W</u>					2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [ AKR ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
									-	-	) X	Directo	r		10% Ow	ner	
(Last) (First) (Middle) C/O ACADIA REALTY TRUST					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2009							Officer below)	(give title		Other (s below)	pecify	
1311 MA	MARONE	CK AVENUE, S	SUITE 260	4.	If Am	endment, D	ate of	f Original File	ed (Month/Da	ıy/Year)	6. In	dividual or J	oint/Group	Filing	(Check App	licable	
(Street) WHITE PLAINS NY 10605					<b>,</b>		3	( )	,,	Line	Form fi	led by One led by Mor	e Repo	rting Person One Report			
(City)	(S	tate)	(Zip)														
		Та	ble I - Non	-Derivati	ve S	ecurities	Acc	quired, D	sposed o	of, or Ber	neficially	/ Owned					
Date			2. Transactic Date (Month/Day/	Execution		Date,	Code (Instr. 5)		d (A) or r. 3, 4 and	5. Amoun Securities Beneficia Owned Fo	es For ally (D) Following (I)		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			Instr. 4)		
			Table II - D						posed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	action (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Common Shares of Beneficial	(1)	01/15/2009		I		32 <sup>(1)</sup>		01/15/2009	(1)	Common Shares of Beneficial	32	\$14.23	2,635	5	D		

## **Explanation of Responses:**

(2)

(3)

Interest -Equivalent

Common

Shares of

Beneficial

Equivalent Common

Shares of

Beneficial

Equivalent

Interest -

Interest -

1. These shares represent the stock equivalent equal to the value of dividends (4th quarter of 2008) which would have been payable had shares been issued pursuant to the Issuer's Deferred Compensation Plan.

04/15/2009

05/13/2009

2. These shares represent the stock equivalent equal to the value of dividends (1st Quarter) which would have been payable had shares been issued pursuant to the Issuer's Deferred Compensation Plan.

12(2)

3,087<sup>(3)</sup>

3. These shares represent the stock equivalent for annual trustee fees credited to Ms. Luscombe's deferred account pursuant to the Issuer's Deferred Compensation Plan. Of these 3,087 deferred Shares, 1,087 are vested, unrestricted Shares and 2,000 Shares shall vest according to the following schedule: 667 shall vest on May 13, 2010, 667 shall vest on May 13, 2011 and 666 shall vest on May 13, 2012.

/s/ Wendy Luscombe

Beneficial

Interest

Common

Shares of

Beneficial

Interest

Common

Shares of

Beneficial

Interest

(3)

12

3,087

\$12.21

\$12.07

05/14/2009

2.647

5,734

D

D

\*\* 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 4 (b)(v).

04/15/2009

05/13/2009

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

I

I

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.