SEC Form 4	
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Instruction 1(b)

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287

0.5

Estimated average burden

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person [*] Conlon Christopher					2. Issuer Name and Ticker or Trading Symbol <u>ACADIA REALTY TRUST</u> [AKR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	r			I									Officer	give title		Other (s	-	
<i>a</i>	-		<i></i>	ŀ	2 Data	of Corligat Trappa	ation (M	onth/D				— X	below)	give lille		below)	pecily	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021								Ex	ecutive V	/ice Pr	resident		
C/O ACADIA REALTY TRUST				I														
411 THEODORE FREMD AVE				L														
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)				I								Line)			_			
RYE	Ν	Y	10580	I								j y	-		•	ting Persor		
,													Form fil Person		e than	One Repor	ting	
(City)	(5	tate)	(Zip)										1 013011					
(City)	(3	late)	(Ziþ)															
		Tal	ole I - Non	-Derivat	tive Se	ecurities Acq	uired,	Dis	o bosed o	f, or	r Bene	ficially	v Owned					
Date			2. Transac Date (Month/Day	Execution Date,		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amoun Securities Beneficia Owned Fo	s lly bllowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount		(A) or (D)	Price	Transacti	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)			
						curities Acqu Is, warrants,							Owned					
1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ate, Tran Cod	nsaction de (Instr.	Derivative	ivative Expiration Date urities (Month/Day/Yes ured (A) Disposed D) (Instr.			e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported Transacti		e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

\$0.00

1. Represents limited partnership units ("LTIP Units") in Acadia Realty Limited Partnership ("ARLP") granted to the employee under the Company's 2018 outperformance plan. Of these LTIP Units, 60% are currently vested with the remaining 40% to vest ratably on January 6, 2022 and 2023, based on continued employment with the Company. 2. These LTIP Units in ARLP represent the LTIPs that Mr. Conlon has earned pursuant to the terms of his grant under the Company's 2018 outperformance plan, the amount of which depended on achieving certain performance criteria. The LTIPs are exchangeable on a 1:1 basis for common operating partnership units of ARLP ("OP 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 OP Units.

Date

Exercisable

(2)

(D)

Expiration

(2)

Title

Commor

Shares of Beneficial

Interest

Date

Remarks:

Limited

Units

Partnership

/s/ Christopher Conlon	<u>02/0</u>
** Signature of Reporting Person	Date

Amount

or Number

Shares

3,098

\$0.00

of

/03/2021

(Instr. 4)

150,679

D

Signature of Reporting Person

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

02/01/2021

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

02/01/2021

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

Code v

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(A)

3,098⁽¹⁾

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.