FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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*  MASTERS ROBERT			2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [ AKR ]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owne  Officer (give title Other (spe								
(Last)	`	rst) LTY TRUST	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/15/2012					X	below)	•	below neral Counse				
1311 MAMARONECK AVENUE, SUITE 260					If Amendment, Date of Original Filed (Month/Day/Year)						6 Inc	6. Individual or Joint/Group Filing (Check Applicable					
(Street) WHITE I	PLAINS N	Y	10605		4. II Amendment, Date of Original Flied (Month/Day/Year)					Line)							
(City)	(St		(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. ) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			(A) or 3, 4 and 5)	5. Amount Securities Beneficial Owned For Reported	Forn (D) o	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
					Code V	Amount	(A) or (D)	Price	Transactio	on(s) nd 4)		(Instr. 4)					
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)	Conversion Date E (Month/Day/Year) if		3A. Deemed Execution Date if any (Month/Day/Ye	Co	s. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 4 and 5)		(A)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
				Co	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Limited Partnership Units	\$21.55	03/15/2012		A		18,761 <sup>(1)</sup>		(1)	(1)	Common Shares of Beneficial Interest	18,761	\$0 <sup>(1)</sup>	104,359 <sup>(</sup>	2) D			

## **Explanation of Responses:**

1. On March 15, 2012 ("Grant Date"), Mr. Masters was awarded these restricted limited partnership units in Acadia Realty Limited Partnership ("LTIP Units"). 12,498 of these LTIP Units shall vest subject to the by the Company through the vesting date in question (each a "Vesting Date") and on each of the first, second, third and fourth anniversaries thereof, provided that Mr. Masters continues to be employed by the Company through the vesting date in question (each a "Vesting Date"). 50% of the remaining 6,263 LTIP Units will vest subject to the same schedule and Mr. Masters' continued employment and the other 50% subject to the same schedule, Mr. Masters' continued employment and Acadia Realty Trust (the "Company") achieving certain annual and cumulative benchmarks established by the Company's Board of

2. This number represents the total number of LTIP Units (35,533 vested and 68,826 unvested) now held by Mr. Masters.

## Remarks:

**Robert Masters** 

03/15/2012

\*\* 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.