FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	IIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>HOPGOOD SUZANNE M</u>						2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR]								Relationship (eck all applic X Directo	cable)	Reporting Person(s) to Issuer le) 10% Owner		
													_	(aivo titlo		Other (s	enocify.	
(Last)	(Fi	rst)	3 [Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)			below)	pecity		
(Last) (First) (Middle) C/O ACADIA REALTY TRUST							07/13/2007										•	
			-															
1311 MA	AMARONE	_																
-							endment	, Date	of Original F	iled	(Month/D		6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														,	iled by One	Dono	orting Persor	,
WHITE	N	V	10605											_	,		J	
PLAINS 10003													Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tah	lo I Non	Doriv	otivo	. 50	ouriti	ος Λ <i>ι</i>	auirod I)icr	ancod (of or Poi	noficial	ly Owned	<u> </u>			
			16 1 - 1401			_			-	וכוכ								
1. Title of Security (Instr. 3) 2. Transac Date				action		2A. Deer Execution		3. Transac			ities Acquire d Of (D) (Inst		5. Amount of Securities		6. Ownership Form: Direct		7. Nature of Indirect	
(Month/Da						ar) i		Code (Instr. 5)			,	Beneficia	ially (D)		r Indirect I	Beneficial Ownership		
						(Month/Day/Year)					_	Owned Following Reported				(Instr. 4)		
								Code	V	Amount (A) or (D)		Price	Transact (Instr. 3 a					
		7							uired, Di					Owned				<u> </u>
			(e.g., p	uts,	call	s, war	rant	s, option	s, c	onvert	ible secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, 1	4. Transaction Code (Instr. 8)		ı of		6. Date Exercisab Expiration Date (Month/Day/Year)			of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
													Amount					
													or Number					
					Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	of Shares					
Common					-		+ _	<u> </u>		+				 				+
Shares of							1					Common Shares of						
Beneficial	(1)	07/13/2007			I		25 ⁽¹⁾		07/13/2007		(1)	Beneficial	25	\$26.44	3,264	.	D	
Interest - Equivalent												Interest						
Common										╈								
Shares of	(1)										(1)	Common Shares of]			,	_	
Beneficial Interest -	(1)	10/15/2007			I		24 ⁽¹⁾		10/15/2007		(1)	Beneficial	24	\$27.58	3,288 ⁽²	<u>-</u>)	D	
Equipole :	1	I	I	- 1	- 1	I	1					Interest	I	I	I			1

Explanation of Responses:

Equivalent

- 1. These shares represent the stock equivalent equal to the value of dividends which would have been payable had shares been issued pursuant to the Issuer's Deferred Compensation Plan.
- 2. This number reflects deferred shares only. In addition, Ms. Hopgood owns 9,000 Options previously awarded to her from 2004 through 2006.

/s/ Suzanne Hopgood

11/07/2007

** 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.