FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

OMB APPROVAL OMB Number: 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* Spitz William T. (Last) (First) (Middle) C/O ACADIA REALTY TRUST 1311 MAMARONECK AVE., SUITE 260 (Street) WHITE PLAINS 10605						2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR] 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check	Officer (give title below) Individual or Joint/Group Filing (Check Application)				
(City)	(Sta	•	Zip)																
1. Title of S	ecurity (Inst		e I - N	on-Deriv		_	uritie Deeme		quired	d, Di	sposed o	-			1	ount of	6. Owne	rship	7. Nature
Date (Month/Day/				ıy/Year)	Year) Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 3, 4 8)				and 5) Secui Bene Owne		icially d Following	Form: D (D) or In (I) (Instr.	direct	of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	r Price	!		rted action(s) 3 and 4)			(Instr. 4)
Common Shares of Beneficial Interest - \$.001 Par Value						014		A		2,369(1)	A	\$27	.4413	3	35,614	D			
Common Shares of Beneficial Interest - \$.001 Par Value 06/04/20					2014	014		A		3,037(2)	A	\$27	.4413	38,651 ⁽³⁾		B,651 ⁽³⁾ D			
	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)	erivative context of courity str. 3) Price of Derivative Security Date (Month/Day/Year) If any (Month/Day/Year) Month/Day/Year) Execution Date, if any (Month/Day/Year) Month/Day/Year)			4. Transa Code (8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Shares		rice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. This grant was awarded in connection with the payment of annual Trustee fees. These Shares shall vest according to the following schedule: one-third shall vest on June 4, 2015, one-third shall vest on June 4, 2016 and the remaining third shall vest on June 4, 2017.
- 2. Trustees have the option to convert all or part of any cash payment due to them under the Trust Compensation Plan to Common Shares with a vesting period of one year at a 10% discount to the preceding 20-day average share price from the date of issuance. No dividends are paid on Restricted Shares until they vest. These shares reflect the portion of Mr. Spitz's cash compensation that he elected to receive in shares and represent the number of shares he was entitled to receive after giving effect to the 10% discount. These Shares shall vest one year from the date of issuance, pursuant to the Trust Compensation Plan.
- 3. This number represents 7,733 unvested, restricted Shares and 30,918 vested Shares

Remarks:

William Spitz

06/06/2014

** 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.