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ACADIA R	EALTY TRUST										
Form 4	\ 										
May 17, 200									PPROVAL		
FORM	14 UNITED	STATES	SECU	RITIES	AND EX	CHANGE	E COMMISSIO		FFNOVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287		
Check this box									January 31,		
if no longer subject to Section 16. Form 4 or							WNERSHIP OF	Estimated burden hou response	urs per		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, a of 1935 or Section 1940				
(Print or Type	Responses)										
1. Name and A HOPGOOD	2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [AKR]				5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (Middle)					(Check all applicable)				
(Last) (First) (Middle) C/O ACADIA REALTY			3. Date of Earliest Transaction (Month/Day/Year) 04/13/2007			XDirector10% Owner Officer (give titleOther (specify					
TRUST, 13 AVENUE,	11 MAMARONI SUITE 260	ECK					below)	below)			
				4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
WHITE PL	AINS, NY 10605	5					Person	whole than one R	cporting		
(City)	(State)	(Zip)	Tal	ole I - Non-	-Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day(Instr. 3)(Month/Day/Year)any (Month/Day)				Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code V	Amount		(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities ben	-		-				
					inforı requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	i			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)) .	Securities (Month/Day/ Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/ear)	(Instr. 3 and 4)	
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Shares of Beneficial Interest - Equivalent	<u>(1)</u>	04/13/2007		Ι		5		04/13/2007	<u>(1)</u>	Common Shares of Beneficial Interest	5
Common Shares of Beneficial Interest - Equivalent	(2)	05/15/2007		Ι		2,548		05/15/2007	(2)	Common Shares of Beneficial Interest	2,548

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
HOPGOOD SUZANNE M C/O ACADIA REALTY TRU 1311 MAMARONECK AVE WHITE PLAINS, NY 10605	Х							
Signatures								
/s/ Suzanne Hopgood	05/17/2007							

Signature of **Reporting Person Date

Explanation of Responses:

- 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).
- These shares represent the stock equivalent equal to the value of dividends which would have been payable had shares been issued (1)pursuant to the Issuers Deferred Compensation Plan.
- These shares represent the stock equivalent for Trustee fees credited to her deferred account pursuant to the Issuers Deferred (2)Compensation Plan.
- This number reflects deferred shares only. In addition, Ms. Hopgood owns 9,000 Options previously awarded to her from 2004 through (3) 2006.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.