FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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*  THURBER LYNN C						2. Issuer Name and Ticker or Trading Symbol ACADIA REALTY TRUST [ AKR ]									ck all app Direc	ationship of Reportin call applicable) Director		10% O	wner	
		st) (M LTY TRUST REMD AVE	Middle)		05/0	3. Date of Earliest Transaction (Month/Day/Year) 05/04/2023									belov			Other (: below)		
(Street) RYE (City)	NY (Sta		0580 Zip)		4. IT A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Form	Form filed by One Reporting Person  Form filed by More than One Reporting Person  Form filed by More than One Reporting Person				
(- 9)	(			n-Deriva	tive S	Secui	rities	: Aca	uired.	Dis	posed of	or I	Bene	ficiall	v Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				tion 2A. Deer Execution y/Year) if any			eemed ution Date,		ction Instr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi		ount of ties cially I Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) (D)	or F	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common \$.001 Par		Beneficial Interes	st -	05/04/2	2023	05	/04/2	023	A		8,342(1)	A	A :	\$13.32	69	9,590	D			
1	nmon Shares of Beneficial Interest - 1 Par Value 05/04/2			2023 05/		5/04/2023		A		7,508 <sup>(2)</sup>	A	A S	\$13.32	77,098		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)	Conversion or Exercise (Month/Day/Year) Execution Date, if any				Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of	ber						

## **Explanation of Responses:**

- 1. This grant was awarded in connection with the payment of annual Trustee fees. 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. These shares reflect the portion of Ms. Thurber's cash compensation that she elected to receive in shares and represent the number of shares she was entitled to receive after giving effect to the 10% discount. These shares shall vest on May 9, 2024.
- 2. 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 May 9, 2024, one-third shall vest on May 9, 2025 and the remaining third shall vest on May 9, 2026, pursuant to the Trust Compensation Plan.

## Remarks:

/s/ Lynn Thurber

05/05/2023

\*\* 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.