FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D | .C. 20549 |
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| OMB APPROVAL | | | | | | |
|--------------------------|-----|--|--|--|--|--|
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| 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

| Name and Address of Reporting Person* Snow John W. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [AHH] | | | | | | | | ck all applic | onship of Reporting Poll Il applicable) Director | | n(s) to Issu | | |
|--|--------------|--------------------------------|-------------|---------------|--|---|---------|-------|--|--|--------------------|--|--|--------------------------|--|--|---|-----------------------|-------------|
| (Last) | (First | • | liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2019 | | | | | | | | | Officer below) | Officer (give title below) | | Other (specify below) | |
| C/O ARMADA HOFFLER PROPERTIES, INC. 222 CENTRAL PARK AVENUE, SUITE 2100 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | - 1 | Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person | | | | n , | | |
| (Street) VIRGINIA BEACH (City) | VA (State | | 3462 ip) | | | | | | | | | | | | Form fi | iled by More | e than (| One Repor | ting Person |
| | | Tab | le I - Nor | ı-Deri | vative | Se | curitie | s Acq | uired, [| Disp | osed of | , or Be | nefi | icially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/L | | | | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | rities Acquired (A) or d Of (D) (Instr. 3, 4 ar | | | | s ally Owned g | Form: (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transaction(s) (Instr. 3 and 4) | | | | (111301.4) |
| Common Stoc | ck | | | 06/1 | 8/2019 | | | | A | A 736 ⁽¹ | | 1) A \$17 | | \$17 | 59,400 | | | D | |
| 6.75% Series A Preferred Stock 06/18 | | | 8/2019 | | | P ⁽²⁾ 4,000 A | | \$25 | 4,000 | | | 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) 2. 2. 3. Transaction Date Execution Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year) | | Date, Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | ly C | 0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Evaluation of Propagator | | | | | | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu | mount umber Shares | (Instr. 4) | | /ii(ə) | | |

- 1. These shares were issued to the director in lieu of a portion of his cash retainer.
- 2. The shares were purchased from the underwriters in the underwritten public offering that closed on June 18, 2019.

Remarks:

/s/ Michael P. O'Hara, as Attorney-in-Fact for John W. Snow

** Signature of Reporting Person

06/20/2019

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.