FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
l	OMB Number:	3235-028								

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name an		2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [AHH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Пациац	<u>l Louis S</u>				I^{-}	Immade Fronter Froperates, Inc. [11111]									X	Direc	tor	10% Own		wner	
(Last) (First) (Middle)															X Officer (give title below)				Other (specify below)		
C/O ARMADA HOFFLER PROPERTIES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2015									President, CEO						
222 CENTRAL PARK AVENUE, SUITE 2100																					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
VIRGINI	IA VA	Λ 2	23462	3462											X Form filed by One Reporting Perso				on		
BEACH																Form Pers	n filed by Mor on	re than O	ne Repo	orting	
(City)	(St	ate) (Zip)																		
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired	l, Dis	posed o	f, oı	r Ben	efici	ally C)wne	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)						Execution Date,					ies Acquired (A) o Of (D) (Instr. 3, 4			l and 5) Sec Ben		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	. 11	Transa	action(s) 3 and 4)			(11341.4)	
Common	Stock	/2015	2015					11,132	(1)	A	\$ <mark>0</mark> .	.00 135,184		35,184	D	1					
Common Stock 03/03/2									F		2,523(2	2)	D	\$11.02		132,661		D	1		
	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)	re Conversion Date Execution Date, Tra			Transa Code (ransaction code (Instr.)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Prio Deriva Secur (Instr.	ative ity	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Own Forn Dire or In (I) (II	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V		(D)			Expiration Date	Amoun or Numbe of Shares		nber							

Explanation of Responses:

- 1. Represents a grant of restricted shares of common stock, one-third of which vested on the grant date, one-third of which will vest on the first anniversary of the grant date and one-third of which will vest on the second anniversary of the grant date, subject to the executive's continued employment on such dates
- 2. Reflects shares of common stock surrendered to the Issuer to satisfy tax withholding obligations in connection with the vesting of restricted shares of common stock.

Remarks:

/s/ Eric L. Smith, Attorney-in-03/05/2015 Fact for Louis S. Haddad

** 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.