FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, D.C. 2054	49	

OMB APPROVAL

-1		
	OMB Number:	3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* <u>Gartman Dennis H.</u>				2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [AHH]										ionship of Reporting all applicable) Director		ng Per	rson(s) to Is 10% Ov		
(Last) (First) (Middle) C/O ARMADA HOFFLER PROPERTIES, INC. 222 CENTRAL PARK AVENUE, SUITE 2100						3. Date of Earliest Transaction (Month/Day/Year) 10/02/2024									Officer (give title below)		Other (s below)		specify
(Street) VIRGINIA BEACH VA 23462			4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)																
		Table	1-1	Non-Deriva	tive \$	Secui	rities	Ac	quir	ed, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) if	2A. Deemed Execution Date if any (Month/Day/Ye		Transaction Code (Inst		ction I				5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
							7	Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common Stock 10/02/2024				4			P		4,500	A	\$10.84	53(1)	3 ⁽¹⁾ 27,149			D			
		Tal	ble	II - Derivati (e.g., pu							posed of converti				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed cution Date, ny nth/Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ative rities ired osed	Expiration Date (Month/Day/Year) Securities Underlying Derivative Security (Ir 3 and 4)			unt of irities erlying rative irity (Instr.	8. Price Derivati Security (Instr. 5		tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code V		(A)	(D)	Date Exercisab		Expiration Date	n Title	Amount or Number of Shares						

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$10.8450 to \$10.8462, inclusive. The Reporting Person undertakes to provide to Armada Hoffler Properties, Inc., any security holder of Armada Hoffler Properties, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) to this Form 4.

Remarks:

/s/ Matthew T. Barnes-Smith. as Attorney-in-Fact for Dennis 10/04/2024 H. Gartman

** 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.