FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | . , | | | | | | | | | | | | | |
|--|---|--|---|--|-------|---|---------|---------------------------------------|--|--------|--|---|---|-----------------------|---|--|--|---|---|--|
| 1. Name and Address of Reporting Person* Haddad Louis S | | | | 2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [AHH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Tiddad Dodis 5 | | | | | | | | | | | | | | X | Direc | ctor | 10 | % O | wner | |
| (Last) | (Fir | rst) (I | Middle) | | 3 D | ata o | Farlige | t Trans | action (A | /onth/ | Day/Vear) | | | _ | X | Office | er (give title v) | | her (: low) | specify |
| C/O ARMADA HOFFLER PROPERTIES, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2018 | | | | | | | | | 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) | | | | | |
| VIRGIN | IA VA | . 2 | 3462 | | | | | | | | | | | | X | Form | n filed by One | e Reporting | erso | on |
| BEACH 25-02 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | า-Deriva | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exe ay/Year) if a | | A. Deemed execution Date, any Month/Day/Year) | | Transaction Disposed (Code (Instr. 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Se Be | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ct ect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 11/21/ | | | | | /2018 | | P | | 15,000 | | A | \$14 | .82 | 32 299,363 | | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\(^1\) | Date, Transaction Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Louis S. Haddad

11/26/2018

** 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.