FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| , D.C. 20549 | OMB APP | OMB APPROVAL | | | |
|--------------|-------------|--------------|--|--|--|
| | OMB Number: | 2225.02 | | | |

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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

| 1. Name and Address of Reporting Person* Hampton Shelly R. | | | | 2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [AHH] | | | | | | | | | heck all a Di | ship of Reportir applicable) rector fficer (give title | ng Person(s) to I 10% (Other | | | |
|--|----|--|---------------|--|---|--|--|-----|--------------------------------------|--|--|---|-------------------------------|--|--|---|---|--|
| (Last) (First) (Middle) C/O ARMADA HOFFLER PROPERTIES, INC 222 CENTRAL PARK AVENUE, SUITE 2100 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2016 | | | | | | | | | X Officer (give file Other (sp. below) Vice President | | | | |
| (Street) VIRGINI BEACH (City) | VA | | 23462 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Exe Day/Year) if ar | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | | d Sec Ber Ow | mount of urities reficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (1 | A) or D) | Price | Tra | nsaction(s) tr. 3 and 4) | | (111341. 4) |
| Common Stock 03 | | | | 03/03 | 03/03/2016 | | | | A | | 6,0630 | (1) | A \$0 | | 16,899 | | 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. Conversion or Exerciprice of Derivative Security | | 3. Transaction Date (Month/Day/Year) | te Execution | Date, | | ansaction ode (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | ive derivative Securities | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Ame or Nun of Sha | | | | | |

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.

Remarks:

/s/ Eric L. Smith, Attorney-in-Fact for Shelly R. Hampton

03/07/2016

** 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.