SEC	Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 3235-0287

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				or Sec	tion 30(n) of the In	vestmer	it Con	ipany Act of 19	940						
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [AHH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Harvey William Christopher</u>						<u></u>	,			Director	10% C	Dwner			
									X	Officer (give title below)	Other below	(specify			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							Vice President				
C/O ARMADA	A HOFFLER F	PROPERTIES, IN	C.	05/13/2013											
222 CENTRAI	L PARK AVE	NUE, SUITE 210	D L												
(Street)			[4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
VIRGINIA	VA	23462								X	Form filed by One Reporting Person				
BEACH	VII	20402									Form filed by More than One Reporting Person				
(City)	(State)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Date			2. Transact Date (Month/Day	Execution Date,							5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
1						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
		Tabla II	Darivativ			rad D	lone		Donof		uun a 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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Common Units	(1)	05/13/2013		J ⁽¹⁾		29,802		05/13/2014	(1)	Common Stock	29,802	(1)	29,802	D	

Explanation of Responses:

1. Represents common units of limited partnership interest ("Common Units") in Armada Hoffler, L.P., the operating partnership (the "Operating Partnership") of Armada Hoffler Properties, Inc. (the "Company") and of which the Company is the general partner. The Common Units were received in exchange for assets contributed to the Operating Partnership in connection with the Company's formation transactions, and were valued at \$11.50 per Common Unit, which was the initial public offering price per share of the Company's common stock. Commencing one year from the date of issuance, each Common Unit is redeemable for cash equal to the then-current market value of one share of the Company's common stock or, at the election of the Company, one share of the Company's common units have no expiration date.

> Eric L. Smith, Attorney-in-Fact for William Christopher 11/04/2013

Harvey

** 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.