FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

	OMB APPROVAL
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OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

By Family

Trust<sup>(3)</sup>

## 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	on 30(h) d	of the	Investment	Company Act	of 1940							
1. Name and Address of Reporting Person*  Nero Anthony P.					2. Issuer Name and Ticker or Trading Symbol Armada Hoffler Properties, Inc. [ AHH ]								5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10%					
(Look) (Fire) (Alidde)													X Officer (give title below)			Other (specify below)		
(Last) (First) (Middle) C/O ARMADA HOFFLER PROPERTIES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/17/2014								Vice President				
		RK AVENUE, S																
(Street) VIRGINIA BEACH VA 23462				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tab	le I - Nor	n-Deriva	ative	e Sec	curities	s Ac	quired, D	isposed o	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Execution Date, if any		Code (Ins	on Dispose	ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Beneficia	es ally Following	6. Owne Form: E (D) or Ir (I) (Insti	Direct ondirect Er. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	Amount	t (A) or Pr		Transact (Instr. 3								
		-								posed of converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, Ti	Code (Inst				6. Date Exer Expiration I (Month/Day	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Common	(1)	01/17/2014			<b>J</b> (2)		57,937		01/17/2015	(1)	Common	57,937	(2)	700,354		D		

## **Explanation of Responses:**

Units

Units

Common

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. 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.

05/13/2014

- 2. The Common Units were received in exchange for assets contributed to the Operating Partnership on January 17, 2014, and were valued at \$11.50 per Common Unit, which was the initial public offering price per share of the Company's common stock.
- 3. Represents Common Units held by a trust of which Mr. Nero is a trustee and which was established for the benefit of Mr. Nero's immediate family members.

Eric L. Smith, Attorney-in-Fact 01/21/2014 for Anthony P. Nero

Stock

Commo Stock

30,094

30,094

(1)

\*\* 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.