Instruction 1(b).

FORM 4

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

IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES
obligations may continue. See	

OMB APPROVAL										
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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*					2. Issuer Name <b>and</b> Ticker or Trading Symbol Armada Hoffler Properties, Inc. AHH									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Haddad Louis S					Timuda Homer Froperties, mer [ min ]									X	Direc	tor		10% Ov	vner	
(Last)	(Fir	st) (N	Middle)		0.00			<b>. </b>		() 4 = ·- +h	-/DD/			X	Office belov	er (give title v)		Other (s below)	specify	
C/O ARMADA HOFFLER PROPERTIES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/10/2020								President, CEO						
222 CENTRAL PARK AVENUE, SUITE 2100				35, 15, 2525																
222 GENTRAL PARK AVENUE, SUITE 2100																				
(Street)						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	ting Perso	on			
BEACH ————														Form filed by More than One Reporting Person					orting	
(City)	(Sta	ate) (Z	<u>Z</u> ip)																	
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	posed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					/Year) Executio		eemed Ition Date, h/Day/Year)				s Acquired (A) f (D) (Instr. 3, 4		l and 5) Sed Bei Ow		ecurities Seneficially		Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) oi (D)	Price	Tr		saction(s) 3 and 4)			(Instr. 4)	
Common Stock 03/10/20					2020				P		10,000	A	\$14.5	9 <sup>(1)</sup>	333,281		Ι	)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., pu	ıts, ca	alis, v	warra	ants,	optio	ons, o	convertib	le se	curities	5)						
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	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 \$14.56 to \$14.61, 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:

Michael P. O'Hara, as Attorney-in-Fact for Louis S. 03/11/2020 Haddad

\*\* 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.