FORM 4

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

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person*  Vahidi Maysa					2. Issuer Name and Ticker or Trading Symbol ARBOR REALTY TRUST INC [ ABR ]									Check	ationship of Reportir k all applicable) Director Officer (give title		ng Person(s) to Iss 10% Ow Other (s		/ner	
(Last)	`	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/14/2024													below)	below)	
333 EARLE OVINGTON BLVD., SUITE 900						4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)	Individual or Joint/Group Filing (Check Applicable ne)					
(Street) UNIONI	DALE N	Y 1	1553										X Form filed by One Reporting I Form filed by More than One Person				•			
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or Be	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Execution Date,			Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				, 4 and Securi Benefi		ities Feicially (I d Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price	,	Transa	action(s) . 3 and 4)			(111341. 4)		
Common Stock, par value \$0.01 per share 03/14/2					2024				A		15,612	A	(1	)	30,641			D		
Common Stock, par value \$0.01 per share 03/14/2					2024				F <sup>(2)</sup>		2,097	D	\$12	.81	1 28,544			D		
Common Stock, par value \$0.01 per share 03/15/2					2024				F <sup>(2)</sup>		2,332	D	\$12.83		3 26,212		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)	ative Conversion Date rity or Exercise (Month/Day/Year) Execution Date, if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disport (D	r osed ) r. 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date		Amount or Number of Shares							

## Explanation of Responses:

- 1. Shares of common stock par value \$0.01 per share of Arbor Realty Trust, Inc. (the "Company") granted pursuant to the Company's 2020 Amended Omnibus Stock Incentive Plan. One third vest on the date of grant, one third vest in one year and one third vest in two years
- 2. Represents shares that have been withheld by the Company to satisfy tax-withholding obligations in connection with the vesting of common stock.

/s/ Maysa Vahidi 03/18/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.