FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     Vahidi Maysa	2. Date of E Requiring S (Month/Day 05/31/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol ARBOR REALTY TRUST INC [ ABR ]							
(Last) (First) (Middle) C/O ARBOR REALTY TRUST, INC. 333 EARLE OVINGTON BLVD., SUITE 900  (Street) UNIONDALE NY 11553  (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) EVP General (	10% C Other below)	) wner (specify	Filed 6. Inc	(Month/Day/ dividual or Joi ck Applicable Form filed b Person	int/Group Filing Line) by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. )			Nature of Indirect Beneficial     Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security Conv (Instr. 4) cr Ex		4. Convers or Exerc	sion (	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
				Amount or Number	Derivativ Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Maysa Vahidi</u> <u>06/07/2022</u>

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).