| | | 4 L | JNITED |) STA | TES | S SE | CUR | | ES AND | EXCHA | | СОММ | ISSION | | | | | |
|---|---|--|---|---------|---|--|---|---|--|--------------------|--|---|---|--|---|--|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | ed purs | NT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person* Schwartz Elliot | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>ARBOR REALTY TRUST INC</u> [ABR] | | | | | | | | of Reportin cable) or | Reporting Person(s) to Issuer le) 10% Owner | | | | |
| (Last) (First) (Middle) C/O ARBOR REALTY TRUST, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2021 | | | | | | | | Officer below) | (give title | Other (specify below) | | pecify | |
| 333 EARLE OVINGTON BLVD, SUITE 900 (Street) UNIONDALE NY 11553 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | | | (Zip) | | | | | | | | | | Form f Persor | | re than | One Repor | ting | |
| | | Tabl | le I - Nor | n-Deriv | ative | Sec | uritie | s Ac | quired, D | isposed | of, or Be | eneficia | lly Owned | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ar) E | A. Deemed xecution Date, any Month/Day/Year | | e, Transaction Dispose Code (Instr. 5) | | (4) or | | Benefici Owned I Reporte Transac | es ally Following d tion(s) | Form: | Direct C Indirect E str. 4) C | 7. Nature of Indirect Beneficial Dwnership Instr. 4) | | |
| | | Т | | | | | | | uired, Dis s, options | | f, or Ber | | (Instr. 3 V Owned | and 4) | | | | |
| 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. Transaction Code (Instr. 8) | | 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 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 | | | | | | |
| Restricted Stock Units | (1) | 03/11/2022 | | | A ⁽¹⁾ | | 6,253 | | (1) | (1) | Common Stock, par value \$0.01 per share | 6,253 | \$0 | 6,253 | | D | | |

1. On March 11, 2022, Mr. Schwartz was granted 6,253 fully vested restricted stock units ("RSUs") of Arbor Realty Trust, Inc. (the "Company") pursuant to the Company's 2020 Amended Omnibus Stock Incentive Plan. Mr. Schwartz has elected to defer receipt of the common stock into which the RSUs are converted until his service as a director is terminated, or sooner upon a change in control, pursuant to a pre-established deferral election.

| <u>/s/ John Bishar, Attorney-in-</u> | 03/15/ |
|--------------------------------------|--------|
| Fact for Elliot Schwartz | 03/13/ |

/2022

** Signature of Reporting Person Date

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

 \ast 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.