FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APP | ROVAL |
|---|-------------|----------|
| l | OMB Number: | 3235-029 |

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 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person* FARRELL EDWARD J | | | | | | 2. Issuer Name and Ticker or Trading Symbol ARBOR REALTY TRUST INC [ABR] | | | | | | | | | Check a | k all applicable) Director | | ng Person(s) to Issuer 10% Owner | | owner | |
|---|---|--|--|---------|------------------------------|--|---|--------|--|--------------------|--|---|-----------|-----------------------|--|-------------------------------|---|-----------------------------------|---|--|--|
| | OR REAL | TY TRUST, INC | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2018 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| 333 EARLE OVINGTON BLVD, SUITE 900 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) UNIONDALE NY 11553 | | | | | - | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - Nor | n-Deriv | ative/ | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Tran: Date (Month | | | | | Day/Year) E | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A d Of (D) (Instr. 3, | | | ind S | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | | (A) or (D) Pric | | Trans | | action(s) 3 and 4) | | | (| | | | |
| Common | Stock, par | value \$0.01per s | hare | 06/2 | 6/2018 | 3 | | | A | | 4,191 | 1 | A | (1 | l) | 4 | 4,191 | | D | | |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe | | ount | | ivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | l _v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of Sha | res | | | | | | | |

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 2017 Omnibus Stock Incentive Plan.

/s/ John Bishar, Attorney-in-06/27/2018 Fact for Edward J. Farrell

** 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.