## FORM 4

## **UNITED STATES SE**

Washington, D.C. 20549

CURITIES AND EXCHANGE COMMISS

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	ad Address of	Penarting Person*			2. Is	ssuer	Name a	and Ti	cker	or Tradir	na S	vmbol		5	. Rela	ationship	of Reportin	na Per	son(s) to Iss	uer		
1. Name and Address of Reporting Person*  LAZAR MELVIN F					2. Issuer Name and Ticker or Trading Symbol ARBOR REALTY TRUST INC [ ABR ]											k all appli Directo	cable)	5	10% Ov			
(Last) (First) (Middle) C/O ARBOR REALTY TRUST, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/30/2024											r (give title		Other (s below)			
333 EARLE OVINGTON BLVD., SUITE 900					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) UNIONDALE NY 11553  (City) (State) (Zip)						and the state of t									Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date						Execution			,			ities Acquir d Of (D) (Ins		4 and Securiti Benefic Owned		es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	,	Amount	(A) o	or Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Instr. Derivative		of Deriving Security (A) of Disposition (D) (Instr.		Exp	Date Exer piration D ponth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Di Si	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							(D)				piration	Title	Amoun or Numbe of Shares	per								
Restricted Stock Units	(1)	08/30/2024			A <sup>(1)</sup>		676			(1)		(1)	Common Stock, par value \$0.01 per share	676		\$13.6	22,067	7	D			

## **Explanation of Responses:**

1. On August 30, 2024, Mr. Lazar received 676 fully vested RSUs of the Company in lieu of the dividend equivalent due on Mr. Lazar's existing RSUs and paid by the Company on August 30, 2024. Mr. Lazar has elected to defer his dividend equivalents and 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.

> /s/ Maysa Vahidi, Attorney-in-Fact for Melvin F. Lazar

09/04/2024

\*\* 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.