FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Person*  KOJAIAN C MICHAEL			. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol ARBOR REALTY TRUST INC [ABR]					
(Last) (First) (Middle)			04/06/2004		Relationship of Reporting Person (Check all applicable)		(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
333 EARLE OVINGTON BOULEVARD SUITE 900					X Director Officer (give title below)	10% Own Other (spe below)	ecify App	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) UNIONDALE	NY	11553							y More than One Person	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1	Amount of Securities eneficially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership nstr. 5)		
Common Stock, par value \$.01 per share					1,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)  Date Expirate Exercisable Date			ite	3. Title and Amount of Securitie Underlying Derivative Security 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ C. Michael Kojaian

04/06/2004

\*\* 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 5 (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.