Edgar Filing: ARBOR REALTY TRUST INC - Form 4

| ARBOR REA Form 4 April 03, 2000 | | ' INC | | | | | | | | | |
|--|---|--|--|---------------------------------------|------------------------------------|---|--|---|---|-----------|--|
| FORM Check this if no longe | 4 UNITE | S SECURITIES AND EXCHANGE CO Washington, D.C. 20549 | | | | | | • · · · • · · | PPROVAL 3235-0287 January 31, 2005 | | |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated burden ho | | | | | | | | | Estimated a burden hou response | irs per | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Kovarik John | | | 2. Issuer Name and Ticker or Trading Symbol ARBOR REALTY TRUST INC [ABR] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) C/O ARBOR INC., 333 EA BLVD. STE. | 3. Date of Earliest Transaction(Month/Day/Year)04/03/2006 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Credit Officer | | | | | |
| | | | | ndment, Date Original th/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 Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year) | | on Date, if | n Date, if TransactionAcq Code Disp | | l (A) o l of (D 4 and (A) |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock, par value \$0.01 per share | 04/03/2006 | | | Code V A | Amount 2,500 | or (D) A | Price (<u>1</u>) | (Instr. 3 and 4) 5,200 | D | | |

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

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 control number.

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 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|----------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Kovarik John C/O ARBOR REALTY TRUST INC. 333 EARLE OVINGTON BLVD. STE. 900 UNIONDALE, NY 11553 | | | Chief Credit Officer | | | | |
| Signatures | | | | | | | |
| /s/ Walter K. Horn, Attorney-in-Fact for John Kovarik | 04/03/2006 | | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | | |

Explanation of Responses:

* 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).

(1) Restricted shares of common stock par value \$0.01 per share of Arbor Realty Trust, Inc. (the "Company") granted pursuant to the Company's 2003 Omnibus Stock Incentive Plan, as amended and restated.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.