## Edgar Filing: VORNADO REALTY TRUST - Form 4

VORNADO Form 4 June 03, 200	REALTY TRUS	ST									
FORM									PPROVAL		
	UNITED	STATES		RITIES A shington,			COMMISSIO	N OMB Number:	3235-0287		
Check th if no long			***	isinigton,	<b>D.C.</b> 20	547		Expires:	January 31,		
subject to Section 1 Form 4 c	o <b>SIAIE</b> N 16. or		Estimated burden hou response	urs per							
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Lynne Michael				er Name <b>and</b>		C	5. Relationship of Reporting Person(s) to Issuer				
		VORN [VNO]	ADO REA	ALTY T.	RUST	(Check all applicable)					
			3. Date of Earliest Transaction				_X_ Director 10% Owner Officer (give title Other (specify				
888 SEVEN FLOOR	(Month/Day/Year) 06/02/2008				below)	below)					
				endment, Da onth/Day/Year	-	1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10019							More than One R			
(City)	(State)	(Zip)	Tab	ole I - Non-D	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deem Ionth/Day/Year) Execution any (Month/Da		3. Transaction Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3, 4	(A) or of (D)	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)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities benef	icially ow	ned 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.SEC 1474 (9-02)								SEC 1474 (9-02)		
	Tab			curities Acquis, warrants			Beneficially Owner securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Da	Code ay/Year) (Instr.	8)	Deriva Securi Acqui (A) or Dispos of (D) (Instr. and 5)	ities red sed 3, 4,	(Month/Day,	/Year)	(Instr. 3 and	4)	Security (Instr. 5)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Units	<u>(1)</u>	06/02/2008	А		212		(2)	(2)	Common Shares	212	\$ 95.962

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Lynne Michael 888 SEVENTH AVENUE 20TH FLOOR NEW YORK, NY 10019	Х							
Signatures								
/s/ Steven Santora, Attorney in Fact		06/03/2008						
**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) Conversion or exercise price of 1 for 1. The Phantom Units represent compensation deferred by the Reporting Person into interest held through the Vornado Realty Trust Nonqualified Deferred Compensation Plan that are valued with respect to the underlying security, which in this case is common shares of Vornado Realty Trust. The Reporting Person has no right to take possession of the underlying security.

(2) The Phantom Units become payable, in cash, to Mr. Lynne commencing upon a distribution at a future date from the Vornado Realty Trust Nonqualified Deferred Compensation Plan.

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.