| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol RETAIL OPPORTUNITY INVESTMENTS | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------------|-----------|---|--|-----------------------------------|-----------------------|--|--|--|
| TANZ STUART A | | | CORP [ROIC] | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) | | (Middle) | | x | Officer (give title below) | Other (specify below) | | | |
| C/O RETAIL OPPORTUNITY INVESTMENTS CORP. | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2018 | Chief Executive Officer | | | | | |
| 8905 TOWNE C | CENTRE DRIVE, | SUITE 108 | | | | | | | |
| , | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Group Filing | (Check Applicable | | | |
| (Street) | | | | X | Form filed by One Repor | ting Person | | | |
| SAN DIEGO | CA | 92122 | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (I 5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|---|---|---|---------------|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock, par value \$0.0001 per share | 03/14/2018 | | A | | 101,522 ⁽¹⁾ | Α | \$ <mark>0</mark> | 1,395,037 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (*.9., P | , . | , | | , | optione, t | | | , | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|-------|---|---|--|--|--|
| 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. Transa Code (8) | | of | | Expiration Date (Month/Day/Year) irred osed . 3, 4 | | | and nt of ties lying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The reporting person was granted 101,522 shares of restricted Common Stock that were issued pursuant to the Retail Opportunity Investments Corp. 2009 Equity Incentive Plan. The shares vest ratably over a 3-year period on January 1, 2019 and the first two anniversaries thereafter.

<u>/s/ Stuart A. Tanz</u>

03/16/2018

** 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.