FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

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

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 an Haines | | 2. Issuer Name and Ticker or Trading Symbol RETAIL OPPORTUNITY INVESTMENTS | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | | | | | |
|--|--|---|---|--|---|---|--|------|--|--------|---|--|-----------------|---------------------|--|---|---|---|---------------------------------------|---|--|--|
| | | | | | | CORP [ROIC] | | | | | | | | | Director Officer (give title below) | | | | | specify | | |
| (Last) (First) (Middle) C/O RETAIL OPPORTUNITY INVESTMENTS CORP. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2017 | | | | | | | | | EVP CFO, TREASURER & SECRETARY | | | | | | | |
| 8905 TOWNE CENTRE DRIVE, SUITE #108 | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SAN DIEGO CA 92122 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Secur Bene Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common | /2017 | | | | | | 24,350 | (1) | A | \$0 | | 124,867 | | | D | | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | | | |
| 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. Transaction Code (Instr. 8) | | | | 6. Date Expirati (Month/ | on Dat | | e and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Deriva Secur (Instr. | ative ity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I) Or Indirect (I) (Insti | nership rm: ect (D) Indirect | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nun of | ount nber res | | | | | | | | |

Explanation of Responses:

1. The reporting person was granted 24,350 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, 2018 and the first two anniversaries thereafter.

/s/ Michael B. Haines

02/24/2017

Date

** Signature of Reporting Person

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.