FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasiiiigtoii, | D.C. 20049 | |
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OMB APPROVAL

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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 and Address of Reporting Person* Indiveri Michael J. | | | | RE | 2. Issuer Name and Ticker or Trading Symbol RETAIL OPPORTUNITY INVESTMENTS CORP [ROIC] | | | | | | | | | | all app | nip of Reporting Persor oplicable) ector | | 10% C | wner | |
|---|--|--|---|---------|--|-----|---|------|--------------------------------------|--------|--|---|--|---|--|---|--------------------------------------|---|--|--|
| (Last) | (Fii | rst) (| Middle) | | | | | | | | | | | | | Office belov | er (give title v) | | Other (below) | specify |
| C/O RETAIL OPPORTUNITY INVESTMENTS CORP. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2011 | | | | | | | | | | | | | | | |
| 3 MANHATTANVILLE ROAD | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | ine) X Form filed by One Reporting Person | | | | | on |
| PURCHASE NY 10577 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriva | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) Execution | | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bene Own | | urities I eficially (led 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 Stock, par value \$0.0001 per share 02/22/ | | | | | /2011 | | | | | | 2,000 | (1) | A \$ | | 0 27,000 | | 7,000 | | D | |
| | 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. Transaction Code (Instr. 8) | | | | 6. Date Expirati (Month/ | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pri Deriv Secu (Insti | ative derivativ Securitie Beneficia Owned Following Reported | Following Reported Transaction | O Fe D oi (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | , | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

1. Represents shares of restricted stock that were issued pursuant to the Retail Opportunity Investments Corp. 2009 Equity Incentive Plan and vest in equal installments on the first three anniversaries of the grant date

> /s/ Michael J. Indiveri 02/22/2011

** 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.