FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF (	CHANGES IN BENEFI	ICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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).

	ion 1(b).			File							ities Exchanç ompany Act o		f 1934			Liouist	Der response.	0.5
1. Name and Address of Reporting Person*  SMITH ROBERT H				2. Issuer Name <b>and</b> Ticker or Trading Symbol VORNADO REALTY TRUST [ VNO ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) 2345 CR SUITE 1	YSTAL D	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2005									Officer (give title below) President - Smi		Other (specify below)  nith Division	
(Street) ARLING (City)			22202 (Zip)		4. If <i>i</i>	Ameno	dment, C	Date o	of Origin	al File	ed (Month/Da	ay/Year)		Line) X F	orm file	ed by One	Filing (Check A Reporting Pers e than One Rep	son
		Tabl	le I - N	on-Deriv	ative	Secu	urities	Ac	quired	l, Di	sposed o	f, or E	Benefic	ially Ov	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Dat		,	Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			ld 5) Se Be Or	i. Amount of Securities Beneficially Dwned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) 01 (D)	Price	Tr	ported ansaction str. 3 ar	on(s)		(Instr. 4)
Common Shares 05/05/2				2005		S		63,062	D	\$77.	8707	19,7	750	D				
		Та	able II ·								osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transac Code (li 8)		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	tive ties red sed	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ve der Ser Be Ow Fol Re Tra	Number of rivative curities eneficially vned ellowing eported ansaction(sistr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date Exercisable

Expiration Date

**Explanation of Responses:** 

/s/ Robert H. Smith

Title

Number

of Shares

05/09/2005

\*\* Signature of Reporting Person Date

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

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.

(A) (D)

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).