FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-010 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | . , | | Estinctit Company Act of 13 | | | | | | |
|--|--|-------|--|----------|---|---|---|-----------------|--|---|---|--|
| 1. Name and Address of Reporting Person* DEERING ANTHONY W 2. Date of Requiring (Month/IIII) (Month/IIIII) (Month/IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | | nent | 3. Issuer Name and Ticker or Trading Symbol VORNADO REALTY TRUST [VNO] | | | | | | | |
| (Last) 888 SEVENT | (Last) (First) (Middle) 888 SEVENTH AVENUE | | | | Relationship of Reporting (Check all applicable) X Director | | Person(s) to Issuer 10% Owner | | (Mon | th/Day/Year) | , | |
| (Street) NEW YORK | | | | | Officer (give title below) | Other (sp below) | ecify | Appli | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | Т | able I - Non | -Derivat | ive S | ecurities Beneficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | int of Securities ially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Shares | | | | | | 0 | D | | | | | |
| | | (e.ç | | | | urities Beneficially options, convertible | | es) | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Secur Underlying Derivative Secur | | | | rsion (| 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | | | | | Amount | Deriva Secur | ative | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

/s/ Anthony W. Deering

05/26/2005

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).