FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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).

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* MACNOW JOSEPH | | | | | | 2. Issuer Name and Ticker or Trading Symbol VORNADO REALTY TRUST [VNO] | | | | | | | | | | all app | olicable) ctor | g Person(s) to Is |)wner | | | |
|---|---|--|--|------------------------------|-------|--|------------------------|---|---|------------------------------------|-----------|---------------------|--|-------------|--|--|-----------------------|---|---|--|--|--|
| (Last) | (Fii JTE 4 EAS | , | Middle) | | | Date of Earliest Transaction (Month/Day/Year) 2/03/2008 | | | | | | | | X | Officer (give title Other (specification) CFO/EVP - Fin. & Admin. | | | | | | | |
| (Street) PARAMI (City) | | | 07652 Zip) | | 4. If | Ame | endm | ient, I | Oate o | f Original | (Month/Da | ay/Ye | ear) | | 6. Indiv Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | cur | ities | Acc | uired, | Disp | osed o | f, o | r Be | nefic | cially | Owne | ed | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Sec Ben Owi | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | Code V Amount (A) or Price Transac (Instr. 3 | | | | | | action(s) | | (Instr. 4) | | | | | | | | | | | | | |
| Preferred | G | | | 12/03 | /2008 | | | | | A | | 300 | | A | \$ | 14.1 | | 300 | D | | | |
| Preferred | G | | | 12/04 | /2008 | | | | | A | | 700 | | A | \$ | 13.87 | | 1,000 | D | | | |
| Preferred | G | | | 12/04 | /2008 | | | | | A | | 1,700 | | A | \$ | 13.94 | : | 2,700 | D | | | |
| Preferred | F | | | 12/04 | /2008 | | | | | A | | 2,200 | | A | \$ | 14.65 | | 2,200 | D | | | |
| Preferred | Preferred F 12/0 | | | | /2008 | | | | A | | 1,000 | | A | \$ | 14.66 | 3,200 | | D | | | | |
| Preferred | E | | | 12/05 | /2008 | | | | | A | | 400 | | Α | \$ | 15.63 | | 400 | 00 D | | | |
| | | Та | ıble II - [| | | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | ed 4. Date, Trans Code | | | n of D S A (A D of (II | . Num f Deriva Securi Cquir A) or Dispos f (D) Instr.: nd 5) | tive ties ed | 6. Date E Expiratio (Month/D | n Date | • | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | of s ng e (Instr. | Deri Sec (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | le V | | (A) (D) | | Date Exercisal | | Expiration Date | Title | O N O | lumbe | er | | | | | | |

Explanation of Responses:

/s/ Alan Rice, Attorney in Fact 12/05/2008

** 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.