W. P. Carey	Inc.										
Form 4											
July 02, 2013	3										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED STA	ATES SECUR	ITIES A	ND EXO	CHA	NGE	COMMISSION	OMB	2025 0007		
		Was	hington,	D.C. 205	549			Number:	3235-0287		
Check thi							Expires:	January 31,			
subject to	if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP (Estimated average 2005			
Section 1		SEC			CURITIES				burden hours per		
Form 4 or							response 0.5				
Form 5 obligatior	-						ge Act of 1934,				
may conti	inue Section 17(a) o		•	•	- ·		of 1935 or Sectio	n			
See Instru		30(h) of the In	vestment	Company	y Act	of 19	40				
1(b).											
(Print or Type R	(esponses)										
1 Mana and A	ddaese of Dementioner Deme	*					5 Deletionship of	6 D	(-) +-		
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading DECESARIS MARK J Symbol					g	5. Relationship of Issuer	r Reporting Per	son(s) to			
0 yillool							155401				
		W. P. C	Carey Inc. [WPC]				(Check all applicable)				
(Last)	(First) (Midd	le) 3. Date of	Earliest Tra	insaction							
			/Day/Year)			XDirector10% Owner					
C/O W. P. CAREY INC., 50 07/01/20			013			Officer (give title Other (specify below) below)					
ROCKEFEL	LER PLAZA						,	, ,			
			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
			nth/Day/Year)				Applicable Line)				
							X Form filed by	One Reporting Po More than One Ro			
NEW YORE	K, NY 10020						Person	viore man one R	eporting		
(City)	(State) (Zip)		• .• .				0 D ()			
(;))	(e I - Non-Do	erivative S	securi	ties Ac	quired, Disposed o	i, or Beneficia	lly Owned		
1.Title of	2. Transaction Date 2.		3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security		xecution Date, if	Transactio Code				Securities	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		ny Month/Day/Year)	1 ()				Beneficially Owned	Indirect (I)	Ownership		
	× ×		((- /	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)	Price	(Insu: 5 and 4)				
Common	07/01/2013		A <u>(1)</u>	1,201	D	\$0	109,249 <u>(2)</u>	D			
Stock	0110112010		· •	1,201	2	(1)	<u>.</u>	~			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
DECESARIS MARK J C/O W. P. CAREY INC. 50 ROCKEFELLER PLAZA NEW YORK, NY 10020	Х						
Signatures							
James A. Fitzgerald, Attorney-in-fact		07/02/201	3				
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).
- (1) Represents an award of restricted shares, granted under the Issuer's 2009 Non-Employee Directors' Incentive Plan, which are scheduled to vest in full on the anniversary of the grant date.
- (2) Includes a reduction to reflect the forfeiture, prior to vesting, of 25,001 previously reported Restricted Stock Units upon termination of the reporting person's employment on 3/31/2013.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.