FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-028									
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0.5

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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					Τ	(A) or Dispos of (D) (3, 4 and	nstr. i 5)	Date		Expiration	or		Number		Reported Transaction (Instr. 4)	on(s)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date, Tra	e, Transaction Code (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)				ecurity	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		٦	Table II - I			curities Ills, warr								Owned					
									v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3 a	action(s)			(Instr. 4)	
Date			2. Transact	tion	2A. Deem Execution if any	A. Deemed Execution Date,		3. 4. S Transaction Dis Code (Instr. 5)		sed of, or Benefi Securities Acquired (A sposed Of (D) (Instr. 3,			5. Amour Securitie Beneficia Owned F	nt of s ally following	6. Own Form: I (D) or II (I) (Inst	Direct of Indirect If tr. 4)	7. Nature of Indirect Beneficial Ownership		
(City)	(St		(Zip)																
(Street) SANTA MONICA	A CA	A	90401		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
SUITE 7	00																		
(Last) (First) (Middle) 401 WILSHIRE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2020										below) below) President					
														Officer	give title		Other (s	·	
1. Name and Address of Reporting Person* <u>COPPOLA EDWARD C</u>					2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					

Explanation of Responses:

1. Represents units of limited partnership interest in The Macerich Partnership, L.P. (the "Partnership"), of which the Issuer is the general partner, issued as long term incentive compensation pursuant to the Issuer's equity based compensatory programs. Conditioned upon minimum allocations to the capital accounts of the LTIP Units for federal income tax purposes and time vesting, each LTIP Unit may be converted into a common unit of limited partnership interest in the Partnership (a "Common Unit"). Each Common Unit acquired upon conversion of a LTIP Unit may be presented for redemption, at the election of the holder, for cash equal to the then fair market value of a share of the Issuer's common stock, except that the Issuer may, at its election, acquire each Common Unit so presented for one share of common stock. The rights to convert LTIP Units to Common Units and redeem Common Units do not have expiration dates.

2. LTIP Units vest one-third on December 31, 2020, one-third on December 31, 2021 and one-third on December 31, 2022.

Remarks:

Lisa Pena for Edward C. **Coppola**

01/03/2020

** 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.