FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* ANDERSON DANA K | | | | | 2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC] | | | | | | | | | k all app Dired Offic | blicable) ctor er (give title | v Ot | % Owner er (specify | |
|--|-------------------------|---|---------------|----------------|---|--|--|---------|--------------------------|------------------|---|---------------|----------------|--|---|---|-------------------------------------|-----------------------------|
| (Last) 401 WIL: SUITE 70 | (Fii SHIRE BLV 00 | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2018 below) Vice (| | | | | | | | | • | ice Chair Emeritus | | |
| (Street) SANTA MONICA (City) | | | 00401 Zip) | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/L | | | | | | | | 6. Indiv Line) X | • | | | |
| (City) | (30 | | | n-Deriv | /ative | Sec | uritie | ς Δς | nuired | | ennsed n | f or B | enefic | ially | Own | 2d | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | 2. Transac | 2. Transaction | | Execution Date, r) if any | | 3. 4. S | | 4. Securities | curities Acquired (A) or osed Of (D) (Instr. 3, 4 a | | | r 5. Amount of Securities Beneficially Owned Following | | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | ection(s) 3 and 4) | | (Instr. 4) |
| Common Stock 11/ | | | | 11/30/ | 2018 | | | | A | | 82(1) | A | \$42 | .75 ⁽²⁾ | 119,650 | | I | Anderson Family Trust |
| Common Stock | | | 11/30/ | 1/30/2018 | | | | F | | 4 ⁽³⁾ | D | \$50 | \$50.29 | | 19,646 | I | Anderson Family Trust | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | on Date, | | Transaction Code (Instr. I) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc ion Da Day/Y | ear) | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | Deri Sec (Ins: | curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersi Form: Direct (E or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | of Shares | | | | | |

- 1. The reporting person is voluntarily reporting the acquisition of the issuer's common stock pursuant to the issuer's Employee Stock Purchase Plan ("ESPP") for the six month ESPP offering period ended November 30, 2018. This transaction is exempt pursuant to Rule 16b-3(c).
- 2. In accordance with the ESPP, the shares were purchased at a 15% discount from the closing price of the issuer's common stock on November 30, 2018.
- 3. Represents shares withheld by the issuer to satisfy tax withholding obligations in connection with the reporting person's acquisition of shares pursuant to the ESPP on November 30, 2018.

Remarks:

Lisa R. Pena for Dana K. 12/04/2018 Anderson

** 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.