FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL												
OMB Number:		3235-028										

37 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* <u>Healey Doug J</u>				2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]								(Ch	5. Relationship of Reporting (Check all applicable) Director Officer (give title			Person(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) 401 WILSHIRE BLVD. SUITE 700					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019									X Officer (give title officer (specify below) below) EVP, Leasing				pcony	
(Street) SANTA MONICA (City)		tate) (90401 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Lind	Form Person	Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Trans Date								3. Trans	action	(A) or		(A) or	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)		
	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of E		Expiratio	i. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (In:	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	ımber					
LTIP Units	(1)	01/01/2019			A		8,664		(1)(2)		(1)	Commo Stock		,664	\$0.00	8,664	I)	

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, 2019, one-third on December 31, 2020 and one-third on December 31, 2021.

Remarks:

Ann C. Menard for Doug J. **Healey**

01/03/2019

** 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.