## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGI
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a

ES 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

Name and Address of Reporting Person*     Volk Kenneth				2. Issuer Name <b>and</b> Ticker or Trading Symbol  MACERICH CO [ MAC ]								(Ch	eck all appli	cable)	g Person(s) to Issuer  10% Owner  Other (specify		/ner	
(Last) (First) (Middle) 401 WILSHIRE BLVD. SUITE 700			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019								helow)			below)		
(Street) SANTA MONICA (City)			90401 (Zip)	4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) X Form	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3)	•	le I - Non-De	rivativ	e Sec	curitie	sΔα	nuired	Dis	nosed (	of or F	Renef	ficial	ly Owner				
1. Title of Security (Instr. 3)			2. Tra	ansaction				3. Transa	ction	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			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)
		Т	able II - Deriv (e.g.					uired, E s, optio						Owned				
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)	Code	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ov Fo Dii or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nui of	ount mber ares					
LTIP Units	(1)	01/01/2019		A		8,664		(1)(2)		(1)	Commo	n 8,	664	\$0.00	8,664		D	

## **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 Keneth L.

01/03/2019

Volk

\*\* 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.