FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
ONBALLKOVAL	

Estimated average burden hours per response:

0.5

OMB Number: D

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHI
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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 S	ection	1 30(h) o	f the	Investme	nt Co	mpany Act	of 19	940						
1. Name and Address of Reporting Person* PERLMUTTER ROBERT D				2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				11/1/	CLI	ICICII	<u> </u>	_ [1/1/1/	-]					Directo	r		10% Ow	ner	
														_ 2	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle) THE MACERICH COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2016							EVP, Leasing							
					01/0	//201	10												
401 WIL	SHIRE BL	VD., SUITE 700)																
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
SANTA			00.404											- 1	,	led by One	Repo	rting Persor	1
MONICA	A CA	A	90401												Form fi	led by Mor	e than	One Repor	ting
,															Person	,		·	
(City)	(St	tate)	(Zip)																
		Tah	de I - Nor	n-Deriv	ative	Seci	urities	Δα	nuired	Die	nosed o	of o	r Rene	ficiall	v Owned				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nati							7. Nature												
Date (Month/E			Execution Date,		e, Transaction Dispose Code (Instr. 5)		ed Of (D) (Instr. 3, 4 a			Securitie Beneficia Owned F	Securities Form Beneficially (D) (O) (I) (I)		: Direct Indirect I str. 4)	of Indirect Beneficial Ownership					
									Code	v	Amount		(A) or (D)	Price	Transaction(s)				(Instr. 4)
		-	Table II -								osed of, converti				Owned				
Security or Exercise (Month/Day/Year) if any		ransaction of		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)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
													0	mount r lumber					

Explanation of Responses:

LTIP

Units

1. Represents the vesting of performance-based units of limited partnership interest in The Macerich Partnership, L.P. (the "Partnership"), of which the Issuer is the general partner. These LTIP Units were issued as long-term incentive compensation and vested upon achievement of certain pre-established performance criteria. Conditioned upon minimum allocations to the capital accounts of the LTIP Units for federal income tax purposes, each LTIP Unit may be converted, at the election of the holder, into a common unit of limited partnership interest in the Partnership (the "Common Unit"). Each Common Unit may generally be redeemed, 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 for one share of Common Stock. The rights to convert LTIP Units into Common Units and redeem Common Units do not have expiration dates.

Exercisable

(1)

Date

(1)

Title

Common Stock

Thomas J. Leanse for ROBERT 01/08/2016 D. PERLMUTTER

47,271

Date

** Signature of Reporting Person

Shares

14,690

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).

01/07/2016

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

(A)

14,690

(D)

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.