FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN	I BENEFICIAI	_ OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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	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

Name and Address of Reporting Person* Voegele William P				2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]						(Ch	eck all applic	able)	Person(s) to Iss 10% O Other (wner	
(Last) (First) (Middle) 401 WILSHIRE BLVD. SUITE 700				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2020							X Officer (give title Officer (specify below) EVP, Chief Development Officer				
(Street) SANTA MONICA CA 90401			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		(Zip)								<u> </u>				
		Tab	le I - Non-De	erivativ	e Sec	curities	S AC	quired, Di	sposed	ot, or Be	neficial	ly Owned	l		
Date				(Day/Year) Exec		ed Date, ıy/Yeaı	Transaction Disposed Of (I Code (Instr. 5)		ities Acquire d Of (D) (Ins	ies Acquired (A) or Of (D) (Instr. 3, 4 and		Form Sollowing (I) (Ir	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)	
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(IIISti. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
Security or Exercise (Month/Day/Year) if any		Execution Date,	Code	Transaction Code (Instr. 8)		ive ies ed ed nstr.	Expiration Date (Month/Day/Year)		7. Title and Amou 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(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
LTIP Units	(1)	01/01/2020		A		13,930		(1)(2)	(1)	Common Stock	13,930	\$0.00	18,323	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, 2020, one-third on December 31, 2021 and one-third on December 31, 2022.

Remarks:

Lisa Pena for William P.

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.