## 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	STATEMEN
obligations may continue. See Instruction 1(b).	Filed

## NT 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

Name and Address of Reporting Person*     SIEGEL MACE					2. Issuer Name <b>and</b> Ticker or Trading Symbol  MACERICH CO [ MAC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SIEGEL MACE															X	Direc	ctor		10% C	wner	
															X	Offic belov	er (give title		Other (spo		
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year)										′	of the B				
	CERICH C				05/	27/2	.004								Chairman of the Board						
401 WILSHIRE BOULEVARD #700																					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
SANTA															ine)	Fa	a filed by On	o Donostis	- Doro		
MONICA	\ CA	A 9	90401												X		n filed by One	•	•		
					.											Pers	n filed by Moi on	re than O	1е кер	orting	
(City)	(St	ate) (	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L					action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code	Transaction Disposed Of Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3,			4 and Secu Bene Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
COMMON STROCK				7/200/	/2004		G		200		D	\$		190 196(1)		I	By Living				
COMMON STOCK 05/2					//2002	7/2004			<u> </u>		200				0	180,186(1)		1		Trust	
COMMON STOCK 06/04				4/2004	./2004			G		1,500		D	\$0		178,686 <sup>(2)</sup>		I		By Living		
COMMON STOCK			00/0	//04/2004						1,500			Ψ		170,000		1		Trust		
		Та	ble II - [								sed of, onvertib					vned					
1. Title of	2.	3. Transaction	3A. Deem		4.		_					_			_	ice of	9. Number o	of 10.		11. Nature	
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Transa	Transaction Code (Instr. B) S		of E		6. Date Exercisabl Expiration Date Month/Day/Year)		Amo Secu Und Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv	ivative urity tr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: t (D) direct	of Indirect Beneficial Ownership (Instr. 4)		
	Code		Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nun of	ount nber res									

## **Explanation of Responses:**

- 1. Includes 2,388 shares acquired in June 2004 under dividend reinvestment plan.
- 2. Mr. Siegel's adult child, who is currently sharing reporting person's household, owns 63,200 shares. The reporting person disclaims beneficial ownership of all shares held by this child, and this report should not be deemed an admission that the reporting person is the beneficial owner of such shares for purposes of Section 16 or otherwise.

Richard A. Bayer for MACE **SIEGEL** 

06/16/2004

\*\* 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.