FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 10. Form 4 or Form 5 | |

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

| 1. Name and Address of Reporting Person* BAYER RICHARD A | | | | | | 2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC] | | | | | | | | | Check a | I app Direc | , | ng Pers | 10% C | wner |
|--|--|--------|-----------|--|--------|--|--|--------------------------------------|---------|---|--------|--------------|--|---|--|---|--|--|-----------------------|------------|
| (Last) (First) (Middle) THE MACERICH COMPANY 401 WILSHIRE BOULEVARD #700 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/23/2005 | | | | | | | | | X Officer (give title below) Other (specify below) EVP, CLO & Secretary | | | | | | | |
| (Street) SANTA MONICA | A CA | A 9 | 90401 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Se | curiti | es Acc | quired, | Dis | osed o | f, or | Ben | efici | ally O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | Day/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A d Of (D) (Instr. 3, | | I (A) o | ind S B O | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| COMMON STOCK 11/23, | | | | | 3/2005 | | | G | | 190 | | D | \$ | \$0 | | 43,697 | | I ⁽¹⁾ | By Living Trust | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Security Price of Derivative Security Or Exercise Price of Derivative Security Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | | nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of | | ount nber | 8. Pricc Derivar Securit (Instr. ! | tive derivative ty Securities | | O F D O (I | O. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. In addition, 3,495 shares are held by reporting person as custodian for daughters under CA/UTMA. The reporting person disclaims beneficial ownership of all shares held by his daughters 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.

Madonna R. Shannon for RICHARD A. BAYER

11/29/2005

** 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.