FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ton, D.C. 20549	OMB APPROVAL

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ı	OMB Number:	3235-0287
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ı	hours nor resnance.	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

1. Name ar	nd Address of	Reporting Person*						er or Tradi		ymbol					of Reporting	Persor	n(s) to Issu	er	
Volk Kenneth					MACERICH CO [MAC]									eck all applic Directo	,	,		ner	
											2	Officer below)	(give title	Other (specify below)					
(Last) (First) (Middle) 401 WILSHIRE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2020									EVP, Business Development					
SUITE 7		, 5.																	
(Street)				4.	If Ame	endment, I	Date o	f Original F	iled	(Month/Da	ay/Year)		6. In		loint/Group F	iling (0	Check App	licable	
SANTA	. C /	4	90401										- 1	,	led by One F	Reporti	ing Person		
MONICA SOUTH														Form filed by More than One Reporting Person					
(City)	(St	ate)	(Zip)																
		Tab	le I - Non-	Derivativ	e Se	curities	s Ac	quired, I	Disp	osed o	f, or E	Bene	ficiall	y Owned	1				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da					Execution Date,			Code (Instr. 5)						es I ally (Following (orm: [D) or Ir	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		7	Γable II - D (e	erivative e.g., puts,										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/Yea	Code				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	, D 0 (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	0 0	umber						
LTIP Units	(1)	01/01/2020		A		13,930		(1)(2)		(1)	Commo		3,930	\$0.00	22,594		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 Kenneth L. Volk 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.