FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washingto

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

on, D.C. 20549	OMB APPROVAL

OMB Number: Estimated average burden 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

1. Name and Address of Reporting Person*  BAYER RICHARD A					2. Issuer Name and Ticker or Trading Symbol  MACERICH CO [ MAC ]									5. R (Che	elationship o eck all applic Directo	able)	g Pers	on(s) to Issi 10% Ov	
	ast) (First) (Middle) HE MACERICH COMPANY 01 WILSHIRE BOULEVARD #700					3. Date of Earliest Transaction (Month/Day/Year) 09/02/2010										Officer (give title below) Senior EVP, CLO 8			specify y
(Street) SANTA MONICA CA 90401				4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)																
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/L							3. Trar Cod 8)	3. 4. Secur Transaction Dispose Code (Instr. 5)		rities Acquired (A) of (D) (Instr. 3, 4		(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
COMMON STOCK 09/				09/02/	02/2010				G		625	5	D	<b>\$0</b>	139,	,554 <sup>(1)</sup>		I :	By Living Trust
		-	Fable II - E								osed of converti				Owned		<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Code (Ins					6. Date Expirati (Month/		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercis		Expiration Date	Title	OI Ni Of	umber					
LTIP	(2)	02/01/2011		I	A		62,208		(2)	T	(2)	Com		2,208	\$0	66,29	5	D	

## **Explanation of Responses:**

- $1.\ 3{,}532\ shares\ are\ also\ held\ indirectly\ by\ the\ reporting\ person\ through\ the\ Company's\ 401(k)\ Plan.$
- 2. 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 be redeemed after January 31, 2013, 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

Madonna R. Shannon for 02/03/2011 RICHARD A. BAYER

\*\* 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.