FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								
	OMB Number: Estimated average burd								

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* COPPOLA ARTHUR M				2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COPPC	<u>JLA ARI</u>	HUR M						_ []				X Directo	r	10% Ov	/ner
(Last)	(Fi	rst)	(Middle)		2 Doto	of Carlinat	Trong	poetion (Month	/Doy/Voor)		_	X Officer below)	(give title	Other (s below)	pecify
THE MACERICH COMPANY				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2015						Chairman & CEO					
401 WILSHIRE BOULEVARD #700															
(Street) SANTA CA 90401			4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
MONICA	Α											Form fi Person		han One Repor	ting
(City)	(St	ate)	(Zip)									1 010011			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			. Transact Date Month/Day	Execution Date,		Code (Instr. 5)			Beneficia Owned F	es Form ally (D) o Following (I) (Ir	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
			Code V			Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security				ate, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	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)
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
LTIP Units ⁽¹⁾	(1)	01/01/2015		A		26,975		(1)(2)	(1)	Common Stock	26,975	\$0	65,181	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 into Common Units and redeem Common Units do not have expiration dates.

2. LTIP Units vest one-third on December 31, 2015, one-third on December 30, 2016 and one-third on December 29, 2017.

Madonna R. Shannon for ARTHUR M. COPPOLA

01/05/2015

** 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.