FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

Sillington, D.C. 20549	OMB APPROVAL

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	OMB Number:	3235-0287							
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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

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1. Name and Address of Reporting Person* Grossi Anthony				2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>G10331</u>	Z XIII (II OII y															Directo			10% Ow	
(Last)	(Fi	rst)	(Middle)		0. D-4	4 =	T		-4: (3.4	41- /F	() ()			_		Officer elow)	(give title		Other (s below)	pecify
THE MACERICH COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 01/17/2008										EVP, COO & Chief Economist					
401 WILSHIRE BOULEVARD, SUITE 700																				
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
SANTA	· '								- 1	,	orm fi	rting Persor	.							
MONICA	A		30.01												Form filed by More than One Reporting Person					
(City)	(St	ate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transac Date (Month/Da		Execu if any	2A. Deemed Execution Date, f any Month/Day/Year		Code (Instr. 5)					d (A) or r. 3, 4 and	and Securitie Beneficia		es Fo ally (D) Following (I)		orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount		(A) or (D)	Price	Transact (Instr. 3 a		ion(s)			mod. 4)		
		7	Гable II - С												/ Owi	ned				
			(e.g., pu	ts, ca	alls, wa	rran	ıts,	options	s, c	onvertil	ble s	secu	rities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	ate, Tra	ansactio	on of tr. Deri Sec Acq (A) Disp of (I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration Month/Day	Date	of Securities		es Security	Deriv	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	de V	(A)	([Date Exercisable		expiration pate	Title		Amount or Number of Shares						
LTIP Units ⁽¹⁾	(1)	01/17/2008		I	A	14,3	96		(1)		(1)		nmon ock	14,396	\$	0	14,39	6	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, each LTIP Unit may be converted, at the election of holder, 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.

> Madonna R. Shannon for **ANTHONY GROSSI**

01/18/2008

** 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.