FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02	

OMB Number: 3235-0287 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

Instruc	tion 1(b).			File		to Section 16(a on 30(h) of the						4					
1. Name and Address of Reporting Person* <u>Leanse Thomas J.</u>					2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]							elationship c eck all applic Directo	able)	Reporting Person(s) to Issuer ole) 10% Owner			
	Last) (First) (Middle) FHE MACERICH COMPANY 401 WILSHIRE BLVD., SUITE 700			3. Date of Earliest Transaction (Month/Day/Year) 01/16/2014							X Officer (give title Other (specify below) Senior EVP						
(Street) SANTA MONICA	A C.	A	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	tate)	(Zip)														
		Tab	le I - Nor	ı-Deriv	ative Se	curities Ac	quirec	, Dis _l	osed c	of, o	r Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transposite (Month/L		action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F	s Formally (D) of ollowing (I) (II)		Direct Cludirect Etr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any Cod		ransaction Code (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date of S (Month/Day/Year) Und Der			Securities derlying	g Security Securi		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)			

Explanation of Responses:

LTIP

Units

1. 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 generally be redeemed, 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 date.

Date

Exercisable

(1)

(D)

Expiration

(1)

Title

Common Stock

Date

Madonna R. Shannon for THOMAS J. LEANSE

Amount Number

Shares

24,163

01/17/2014

29,469

D

** 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).

01/16/2014

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

(A)

24,163

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.