FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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 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

Name and Address of Reporting Person* Healey Doug J				2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 401 WILSHIRE BLVD. SUITE 700					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2023						X Officer (give title Other (specify below) Senior EVP, Head of Leasing				
(Street) SANTA MONICA	A CA	A	90401	4.	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 Form filed by More than One Reporting Person					
(City)	(St		(Zip)												
		Tab	le I - Non-D	Derivativ	e Sec	curities	Aco	quired, Di	sposed o	of, or Be	neficial	y Owned			
Date			Transaction ate lonth/Day/Y	Execution Date,		Code (Instr. 5)			Beneficia Owned F	es Form ially (D) (Following (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			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 3. Transaction Date (Month/Day/Ye		Execution Date, T/Year) if any		ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d	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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
LTIP Units	(1)	01/01/2023		A		48,845		(1)(2)	(1)	Common Stock	48,845	\$0.00	114,995	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, 2023, one-third on December 31, 2024 and one-third on December 31, 2025.

Remarks:

<u>Lisa R. Pena for Doug J.</u> <u>Healey</u>

01/04/2023

** 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.