FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF C | HANGES IN BENI | EFICIAL OWNERSHII | P |
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| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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* SIEGEL MACE | | | | | 2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC] | | | | | | | | | heck all appointment | ationship of Repo k all applicable) Director | | 10% | 6 Owner | |
|---|---------|----------|--------------------------------|-----------------|--|--|--------|-------------------------|---|-------------------|--------------------------|---|---|--|--|---------------------------------------|-------------------------------|------------------|------------|
| (Last) (First) (Middle) THE MACERICH COMPANY 401 WILSHIRE BOULEVARD #700 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2009 | | | | | | | | | | Officer (give title below) | | Othe belov | r (specify v) | |
| (Street) SANTA MONICA (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, or | Bene | ficia | ılly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | Benefici Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | | ansaction(s) astr. 3 and 4) | | | (Instr. 4) |
| СОММО | N STOCK | | | 05/07/ | 2009 | 2009 | | G ⁽¹⁾ | | 2,500 | 1 |) | \$0 | 97,565 | | | I | By Trust | |
| COMMON STOCK 05/07. | | | | 2009 | | | G | | 2,500 | 1 | A | \$0 | 98,314 | | | | By Daughter ⁽²⁾ | | |
| | | Та | ıble II - | | | | | | | | osed of, onvertib | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | on Date, | 4. Transac Code (I 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | unt | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Gift to daughter who is currently sharing reporting person's household.
- 2. Shares held by adult child who is currently sharing reporting person's household. The reporting person disclaims beneficial ownership of all shares held by this child, and this report should not be deemed an admission that the reporting person is the beneficial owner of such shares for purposes of Section 16 or otherwise.

Madonna R. Shannon for 05/15/2009 **MACE SIEGEL**

** 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.