FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| notruction 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* OHERN THOMAS E | | | | | | 2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC] | | | | | | | | | k all app Dired | olicable) | g Person(s) to I 10% (Other | | |
|--|---|---|-----------|---------------------------------|--|--|--|---|------------------------|----------|--|---|---|--|--------------------|--|---|------------|--|
| (Last) (First) (Middle) THE MACERICH COMPANY 401 WILSHIRE BOULEVARD #700 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2011 | | | | | | | | | Sen | , | below reasurer & C | ′ | |
| (Street) SANTA MONICA | ΓA 90401 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Forn | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benef | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execut (/Year) if any | | Deemed cution Date, y nth/Day/Year) | | Transaction Disposed (| | es Acquired (A) o Of (D) (Instr. 3, 4 a | | or and 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | ce | | action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock 12/15, | | | | | 2011 | 011 | | S ⁽¹⁾ | | 6,000 | D | \$48.53(2) | | 138,271 | | D | | | |
| Common Stock 12/15/ | | | | 2011 | .011 | | G | | 1,050 | D | | \$0 | | 7,221 ⁽³⁾⁽⁴⁾ | D | | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) if any (Month/Day/Year) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 15, 2011.
- 2. The sale price ranged from \$48.27 to \$48.7616 per share.
- 3. In addition, 5,525 shares are held by minor children who share the reporting person's household. The reporting person disclaims beneficial ownership of all shares held by his children 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.
- $4.\ 3,\!554\ shares\ are\ also\ held\ indirectly\ by\ the\ reporting\ person\ through\ the\ Company's\ 401(k)\ Plan.$

Madonna R. Shannon for 12/16/2011 THOMAS E. O'HERN

** 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.