FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVAL |
|-------------------|--------------|
| | |
| | |

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| 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 S | Section | on 30(h) | of the I | nvestme | nt Cor | npany Act | of 194 | 40 | | | | | | | |
|---|--|--|---|--------------|-------------|--|----------|----------|---------------------------------------|--------|---|---|-----------------|---------------------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>SEXTON DR WILLIAM P</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC] | | | | | | | | | Check all a | ship of Reporti applicable) rector | • | | | |
| | | | | | | | | | | | | | | | | ficer (give title | | | (specify | |
| (Last) (First) (Middle) | | | | | | | | st Trans | action (M | 1onth/ | Day/Year) | | below) below) | | | | | | | |
| THE MACERICH COMPANY | | | | | 03/ | 03/06/2009 | | | | | | | | | | | | | | |
| 401 WILSHIRE BOULEVARD #700 | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| SANTA | . CA | \ 0 | 0401 | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| MONICA | A Gr | 1 | 0101 | | | | | | | | | | | | | erson | ore tria | ın One Repi | orung | |
| | | | | | | | | | | | | | | | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | of, or | Bene | efici | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispos Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Sec Ber Ow | mount of urities leficially ned Following | Forn (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | Trai | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| COMMON STOCK 03/06 | | | | | 6/2009 | | | | A | | 1,000 | 0 | Α | \$ | 0 | 5,000 | | D | | |
| | 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/Year) | 3A. Deeme Execution if any (Month/Da | Date, | Code (Instr | | | | 6. Date E Expiration (Month/E | n Dat | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivativ Security (Instr. 5) | | y G | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V | | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | | |

Explanation of Responses:

Madonna R. Shannon for WILLIAM P. SEXTON

03/10/2009

** 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.