Edgar Filing: Leanse Thomas J. - Form 4

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Form 4											
May 29, 2013 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check th if no long subject to Section 1 Form 4 c	ger STATEN 16.	IGES IN BENEFICIAL OWNERSHIP O SECURITIES				NERSHIP OF	Expires: January 20 Estimated average burden hours per response				
Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19401940											
(Print or Type]	Responses)										
Leanse Thomas J. Symbol								5. Relationship of Reporting Person(s) to Issuer			
			RICH CO [MAC] of Earliest Transaction				(Check all applicable)				
				Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below) Senior EVP			
			endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
SANTA MO	ONICA, CA 904	01						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership			
G				Code V	Amount		Price \$	(Instr. 3 and 4)			
Common Stock	05/24/2013			Р	1,000	А	66.455 (1)	1,411 (2) (3)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Leanse Thomas J. THE MACERICH COMPANY 401 WILSHIRE BLVD., SUITE 700 SANTA MONICA, CA 90401			Senior EVP			
Signatures						
Madonna R. Shannon, for THOMAS J LEANSE		05/2	9/2013			
**Signature of Reporting Person		D	ate			
Evalenation of Deene						

Explanation of Responses:

- * 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).
- (1) The purchase price ranged from \$66.44 to \$66.46 per share.
- (2) The reporting person also holds 161 shares in a trust for the benefit of one of his children.
- In addition, 50 shares are held by his adult child who is currently sharing the reporting person's household. The reporting person disclaims(3) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.