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REGENCY CENT Form 4 March 10, 2016	TERS CORP										
										OMB AI	PROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16.										•	
(Print or Type Respon	nses)										
1. Name and Address LEAVITT J CHF		S R	2. Issuer Symbol REGEN(REG]				-	3	5. Relationship of Issuer (Chec	Reporting Pers	
(Last) (i ONE INDEPENI DRIVE, SUITE 1	Date of Earliest Transaction Month/Day/Year) 3/08/2016						Director 10% Owner X Officer (give title Other (specify below) below) Chief Accounting Officer				
(Street) 4. If Amendment, Date Ori Filed(Month/Day/Year)					e Original 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					erson	
JACKSONVILL	E, FL 32202								Person		porting
(City) (S	(State) (Z	Cip)	Table	I - Non	-De	rivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned
	Transaction Date Onth/Day/Year)		Date, if	3. Transa Code (Instr.)	8)	4. Securi Acquired Disposed (Instr. 3, Amount	(A) o of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common 03/0 Stock	/08/2016			G	v	285	D	\$0	17,469	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. ctionNumb of 3) Deriva Securi Acqui (A) or Dispos of (D) (Instr. 4, and	er ative ities ired sed) . 3,	1		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
				Code	V (A) (Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address			Relationships						
, of the second s	Director	10% Owner	Officer	Other					
LEAVITT J CHRISTIAN ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202			Chief Accounting Officer						
Signatures									
/s/ Michael B. Kirwan, Attorney Leavitt	-in-Fact f	or J. Christia	an 03/10/2016						
<u>**</u> Signature of Report	rting Person		Date						

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).

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.