Edgar Filing: REGENCY CENTERS CORP - Form 4

REGENCY Form 4 December 03	CENTERS CORI 5, 2012	P										
FORM									OMB AF	PROVAL		
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNER					Expires:	January 31, 2005		
								NERSHIP OF	Estimated a			
Section 16. Form 4 or				SECURITIES					burden hours per			
Form 5		suant to S	ection 1	6(a) of th	e Securi	ties E	Exchange	e Act of 1934,	response	0.5		
obligatio	ns Section 17(•	1935 or Section	l			
may cont <i>See</i> Instr 1(b).		30(h) o	of the In	ivestment	Compar	ny Ac	ct of 1940	0				
(Print or Type]	Responses)											
LEAVITT J CHRISTIAN Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last)	(First) (M	Middle)	3. Date of	f Earliest Ti	ransaction			Director		Owner		
				/Day/Year)				X Officer (give title Other (spec below) below)				
DRIVE, SU			12/04/2	012				Chief Ac	ccounting Offic	cer		
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check					
				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
JACKSON	VILLE, FL 32202	2						Person		Johning		
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	(A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V		(D)	Price \$					
Stock	12/04/2012			S	500	D	46.922	17,258	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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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		

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Reporting Owners

Reporting Owner Name / Address			Relationships				
1	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 12/05/2012				
<u>**</u> Signature of Report	ting 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.