SEC Form 5

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	FORM !	5 U	INITED STA	TES SE					СНА	NGE		/IISSIC	N					
Check this box if no longer subject to Section 16. Form 4 or Form 5						washin	igton, L	D.C. 20549						OM	B APPF	OVAL		
				L STATE	STATEMENT OF CHANGES IN BENEFICIA								OMB Number: 3235-0362 Estimated average burden					
Form 3 Holdings Reported.					OWNERSHIP									hours per response: 1.0				
X Form 4	Transactions R	eported.	File	d pursuant to or Section														
1. Name and Address of Reporting Person*				2. Issuer N	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer					
CARPENTER ALVIN R				REGE	REGENCY CENTERS CORP [REG]								(Check all applicable) X Director 10% Owne					
				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)								Officer (give title Other (spec below) below)						
(Last) (First) (Middle) 500 WATER STREET					12/31/2009										belo	,		
15TH FL		-		4 16 4 19 9 9 19									C. Individual or Jaint/Crown Filing (Charly Arr."					
(Chao at)				4. II Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) JACKSONVILLE FL 32202													X Form filed by One Reporting Person Form filed by More than One Reporting					
													rson					
(City) (State) (Zip)																		
		Table	e I - Non-Deriv	ative Sec	uritie	es Aco	quire	d, Dispo	sed o	of, or l	Beneficia	ally Ow	ned					
1. Title of Security (Instr. 3)																		
1. 1100 01 30	curity (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D if any	ate,	3. Transa Code (I	action Instr.	4. Securitie Of (D) (Instr			or Disposed	Secur Benef	icially	Forn	ership n: Direct	7. Nature of Indirect Beneficial		
1. 1110 01 30	curity (Instr. 3)	Date	Execution D	ate,	Transa	action (Instr.		: 3, 4 a		or Disposed Price	Secur Benef Owne Issue	ities	Own Forn f (D) c Indir	ership n: Direct or ect (I)	Indirect		
Common)	Date	Execution D if any	ate,	Transa Code ((Instr.	Of (D) (Instr	: 3, 4 a	nd 5) ´		Secur Benef Owne Issue Year (4)	ities icially d at end of 's Fiscal	Own Forn f (D) c Indir	ership n: Direct or ect (I)	Indirect Beneficial Ownership		
	Stock		Date (Month/Day/Year)	Execution D if any	ate,	Transa Code (l 8)	(Instr. 4	Of (D) (Instr Amount	: 3, 4 a	nd 5) (A) or (D)	Price	Secur Benef Owne Issue Year (4)	ities icially d at end of 's Fiscal Instr. 3 and	Own Forn f (D) c Indir	ership n: Direct or ect (I) r. 4)	Indirect Beneficial Ownership		
Common	Stock		Date (Month/Day/Year) 02/13/2009 09/24/2009 ble II - Derivat	Execution D if any (Month/Day/ ive Securi	ate, Year) ities	Transa Code (1 8) G ⁴ Acqu	(instr. 4 4 iired,	Of (D) (Instr Amount 437 250 Dispose	: 3, 4 a	nd 5) (A) or (D) D D Or Be	Price \$0 \$0	Secur Benef Owne Issue Year (4) 2	ities icially d at end of 's Fiscal Instr. 3 and 5,223 4,937	Own Forn f (D) c Indir	ership n: Direct or ect (I) r. 4) D	Indirect Beneficial Ownership		
Common	Stock		Date (Month/Day/Year) 02/13/2009 09/24/2009 ble II - Derivat	Execution D. if any (Month/Day/	ate, Year) ities warr 5. Nu of	Grants, Grants, mber rants, irred r, osed , 3, 4	4 4 iired, optic 6. Date Expira	Of (D) (Instr Amount 437 250 Dispose	d of,	(A) or (D) D D Or Be Dele se Vance Secur Under Deriva	Price \$0 \$0 eneficiall curities) e and nt of ities lying attive ity (Instr. 3	Secur Benef Owne Issue Year (4) 2	tities icially d at end of 's Fiscal nstr. 3 and 5,223 4,937 d 4,937 d f 9. Num derivat Securit Benefit Benefit Benefit Report	ber of ive ties cially ired ccton(s)	ership n: Direct or ect (I) r. 4) D	Indirect Beneficial Ownership (Instr. 4) 11. Nature p of Indirect Beneficial Ownership t (Instr. 4)		

Explanation of Responses:

/s/ Michael B. Kirwan,

of Shares

Title

Attorney-in-Fact for Alvin R. 02/02/2010 <u>Carpenter</u>

Date

** Signature of Reporting Person

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.

(A) (D) Date Exercisable

Expiration Date