FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL									
OMB Number:	3235-028								
Estimated average	burden								

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 Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								
hours per response:	0.5								

1. Name and Address of Reporting Person* PALMER LISA						2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]								neck all appli Direct	cable) or	g Person(s) to Iss 10% Ov Other (s		vner
	(Last) (First) (Middle) C/O REGENCY CENTERS CORPORATION ONE INDEPENDENT DRIVE, SUITE 114						3. Date of Earliest Transaction (Month/Day/Year) 02/09/2017								Officer (give title other (sp below) President and CFO			эреспу
(Street) JACKSO (City)	NVILLE F	4. If	Ame	endmer	nt, Date	of Origina	l Filed	d (Month/Da	Lin	5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)						ction 2 ay/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		of, or Be ties Acquire I Of (D) (Ins	ed (A) or	5. Amou Securitie Benefici Owned I	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 02/09					/2017	2017		М		2,191	191 ⁽¹⁾ A		29,742			D		
Common Stock 02/09				/2017	2017			A		30,91	1 A	(3)	60,653			D		
Common	mmon Stock 02/09/				/2017	2017		F		13,925 D		\$69.7	6 46	46,728		D		
		Т	able II -								osed of			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transactio Code (Inst 8)		5. Number of		6. Date Exercis Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock	(2)	02/09/2017			M			1,156	(2)		(2)	Common Stock	1,156	\$0	0		D	
Restricted Stock	(2)	02/09/2017			M			854	(2)		(2)	Common Stock	854	\$0	2,630)	D	
Dividend	(1)	02/09/2017			M			181	(1)		(1)	Common	181	\$0	0		D	

Explanation of Responses:

- 1. Includes 181 shares accrued when and as dividends were paid on Regency Centers Corporation common stock and vested with the restricted stock to which they relate.
- 2. Vesting of restricted stock.

Equivalents

3. Vesting of performance shares. Includes 2,869 shares accrued when and as dividends were paid on Regency Centers Corporation's common stock and vested with the performance shares to which they relate.

/s/ Michael B. Kirwan,

Attorney-in-Fact for Lisa

02/13/2017

Palmer

Stock

** 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.