FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/19 |
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| vvasiliilytuii, | D.C. | 20049 |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPR | JAVC |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bure | den |
| hours per response: | 0.5 |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>LUKE DOUGLAS S</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] | | | | | | | | 5. Relationshi (Check all app X Direc | | olicable) | ., | Person(s) to Issuer 10% Owner | |
|--|---|--------|------------------------------|----------|--|---|--|------|---|--------|-----------------------|---------------|---|---|--|-----------------------|----------------------------------|----|
| | (Fii | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2008 | | | | | | | | Offic belov | er (give title w) | Other below | (specify /) | |
| 405 LEXINGTON AVENUE, 48TH FLOOR | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YO | ORK N | Y 1 | .0174 | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 of Disposed Of (D) (Instr. 3) of Di | | | | and 5) Secur Benef | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | Price | | action(s) 3 and 4) | | (, |
| Common Stock 05/02/20 | | | | | 2008 | .008 | | A | | 210(1) | A | \$59. | .5504 | | 16,756 | D | | |
| 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) | erivative ecurity nstr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) I Execution Date, if any (Month/Day/Year) Required to the conversion of Execution Date, if any (Month/Day/Year) Required to the conversion of Execution Date, if any (Month/Day/Year) Required to the conversion of Execution Date, if any (Month/Day/Year) Required to the conversion of Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Represents directors' fees paid in shares under Regency's Long Term Omnibus Plan.

/s/ Linda Y. Kelso, Attorneyin-Fact for Douglas S. Luke

05/05/2008

** 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.