FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPRO	DVAL							
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported

Instruction 1(b)

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Transactions R	Reported.	FIIE														
1. Name and Address of Reporting Person* THOMPSON JAMES D.				2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) ONE INDEPENDENT DRIVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015							X Officer (give title Other (specify below) Exec. VP of Operations					
	L	32202	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(Sta	ate) (Zip)									Pers	son				
	Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed o	of, or	Beneficia	ally Own	ed				
Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8) Of (D) (Instr. 3, 4 a				Securities Beneficially		Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
							Amou			Price	Issuer's Fiscal Year (Instr. 3 and 4)		Indire	irect (I) (Instr. 4)		
Common Stock						V	500 A		A	\$0	18,869			I 1	By Spouse	
	Та										y Owned					
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derive Secur Acque (A) or Disposof (D) (Instr	ivative curities quired or posed D) str. 3, 4		piration Date onth/Day/Year)		Amour or Numbe		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
	(Fir DEPENDEN 14 ONVILLE F (Statement of Stock)	(First) (DEPENDENT DRIVE 14 DNVILLE FL (State) (Table ecurity (Instr. 3) Stock Table ecurity (Instr. 3) Stock Table ecurity (Instr. 3)	Table I - Non-Derive (Month/Day/Year) Stock 2. Conversion or Exercise Price of Derivative (e.g., pt (Month/Day/Year))	Table I - Non-Derivative Security (Instr. 3) Table II - Derivative Security (Month/Day/Year) Table II - Derivative Security (Month/Day/Year)	Table I - Non-Derivative Securities (Month/Day/Year) Table II - Derivative Securities (e.g., puts, calls, warr 2. Issuer Name a REGENCY 3. Statement for 12/31/2015 4. If Amendment 2. Transaction Date (Month/Day/Year) Stock Table II - Derivative Securities (e.g., puts, calls, warr 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Nu Transaction Date (Month/Day/Year) 5. Nu Transaction Date (Month/Day/Year) 6. Security 8. 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Trainsaction or Section 30(h) of the Investment Company Act of 194C	Conversion Date Conv	Address of Reporting Person' PSON JAMES D. 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner Execution Date (Month/Day/Year) (Month/Day/Year) Stock 03/31/2015 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owner Securities Secu	Address of Reporting Person' PSON JAMES D. Conversion Conversion	Address of Reporting Person' PSON JAMES D. (First) (Middle) DEPENDENT DRIVE 14 A. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) (Month/Day/Year) 2. 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If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options or Securities) Stock 03/31/2015 W 500 A \$0 18,869 I T Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, or Securities) 2. Transaction Date (B. C.), puts, calls, warrants, options, convertible securities (Month/Day/Year) 3. Transaction Date (B. C.), puts, calls, warrants, options, convertible securities (Month/Day/Year) 4. Store Securities (Month/Day/Year) 3. Transaction Date (B. C.), puts, calls, warrants, options, convertible securities (Month/Day/Year) 4. Store Securities (B. S. Amount of Securities (Month/Day/Year) 4. Store Securities (Month/Day/Year) 4. Store Securities (Month/Day/Year) 5. Relationship of Reporting Person(s) to (Check all applicable) Director (Check all applicable) Exec. VP of Operations 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. Securities Acquired, A. Securities Acquired (A) or Disposed (A) or Disposed (B) (Instr. 4) 5. Amount of Securities (Month/Day/Year) 8. Price of Operations 8. Price of Operations 1. Title and Amount of Securities (Month/Day/Year) 1. Title and Amount of Securi	

Explanation of Responses:

Remarks:

/s/ Michael B. Kirwan,

02/16/2016 Attorney-in-Fact for James D.

Thompson

** 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.