FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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>LINNEMAN PETER</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] | | | | | | | | | Relationshi heck all ap | , | | (s) to Is | |
|--|--|------|------------------|-----------------------------------|-----------|--|---------|------|--|-----|---|---|---------------------------------|-------------------|---|--|--|---|--|
| (Last) (First) (Middle) 233 S. 6TH STREET, APT. 801 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2019 | | | | | | | | | | Officer (give title below) | | Other (: below) | |
| (Street) PHILADELPHIA PA 19106 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Forr Forr | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or I | 3ene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution | | | Code | Transaction Dispo | | rities Acquired (A) ed Of (D) (Instr. 3, | | | nd 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 (D |) or)) | Price | Trans | action(s) 3 and 4) | | | (mourly) |
| Common Stock 08/02/ | | | | | 2/2019 | 2019 | | A | | 393 | | A | (1) | 29,646 | | D | | | |
| | | Та | ble II - D (e | | | | | | | | sed of, onvertib | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date ecurity or Exercise (Month/Day/Year) if any | | | Date, Transaction Code (Instr. | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title Amou Securi Under Deriva Securi and 4) | nt of ities lying tive ity (Ins | unt | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | 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 | Num of Shar | | | | | | |

Explanation of Responses:

1. Represents director's fees paid in stock pursuant to Regency's Omnibus Incentive Plan.

/s/ Peter Linneman by Michael B. Kirwan, as Attorney-in-Fact

08/02/2019

** 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.