FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-02								

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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

1. Name and Address of Reporting Person* STEIN MARTIN E JR					2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]									(Check all ap		olicable) etor		Owner	
(Last) (First) (Middle) ONE INDEPENDENT DRIVE SUITE 114					3. Date of Earliest Transaction (Month/Day/Year) 11/17/2009									X	belov	′	othe below and CEO	(specify	
,	NVILLE F		32202		4. If	f Ame	endmen	t, Date o	f Original	Filed	(Month/Da	ay/Yea	ar)		. Indivine)	Forn	n filed by One n filed by Mor	Filing (Check e Reporting Per re than One Re	son
(City)	(St		Zip)	-Doriv	ativo		Curiti	as Acc	wired	Dier	nosed o	of or	r Bene	ofici	ally	Owne			
1. Title of Security (Instr. 3) 2. Tra		2. Trans Date	Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.					I (A) oı	A) or 5. A Sec Ben Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Э	Report Transa (Instr.	ction(s) and 4)		(Instr. 4)
Common	Stock			11/17	7/2009	9			G		760		D	\$	0	20)1,474	D	
Common Stock				11/17/2009					G		760	760		\$	0 1		,514	I	Note ⁽¹⁾
Common Stock			11/23/2009					G ⁽²⁾		760		D	\$	\$0		00,714	D		
Common	Stock															19	96,528	I	Note(3)
Common	Stock															(5,801	I	Note ⁽⁴⁾
Common	Stock															10	50,263	I	Note ⁽⁵⁾
Common	Stock															4	15,382	I	Note ⁽⁶⁾
Common	Stock															4	1,000	I	Note ⁽⁷⁾
		Та	ble II - D								sed of, onvertib					vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, y/Year) _	4. Transa Code (8)		of Deri Sector Acq (A) of Disp	vative urities uired or loosed 0) cr. 3, 4	6. Date E: Expiratio (Month/D	n Date	rcisable and Jate (Year)		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amount		8. Price of Derivative Security (Instr. 5)		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. By a trust for the benefit of Mr. Stein's granddaughter for which he is a trustee.
- 2. Gift by the reporting person to his adult daughter.
- 3. Represents (1) 6,307 remainder shares held in a grantor retained annuity trust of which Mr. Stein is the trustee and the beneficiaries of which are Mr. Stein's children (none of whom shares the same home with him); (2) 125,000 shares and 44,636 shares held by two additional grantor retained annuity trusts, repsectively, of which Mr. Stein is the trustee and currant annuitant and his children are remainder beneficiaries; and (3) 20,585 shares held by a trust of which Mr. Stein is the trustee and his children are the beneficiaries.
- 4. As custodian for minor children.
- 5. By a limited partnership, the general partner of which is controlled by Mr. Stein's family.
- 6. By two general partnerships, in which Mr. Stein is a general partner.
- 7. By a trust for Mr. Stein's benefit.

/s/ Michael B. Kirwan, Attorney-in-Fact for Martin E. 12/16/2009 Stein. Jr.

** 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.