FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	urden								

0.5

hours per response:

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

						Ocone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 1110	investment		ipariy 7 tot	01 10-10								
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Johnston Barbara C						1101		112110						Directo	or		10% O	vner		
					\vdash)		(give title		Other (specify	
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year)									below)			below)	.	
ONE INDEPENDENT DRIVE, SUITE 114					02/21/2019									SR V	P, GENEI	KAL	COUNSE	.L		
, , , , , ,					\vdash															
(0)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) JACKSONVILLE FL 32202					1									X Form filed by One Reporting Person						
JACKSONVILLE FL 32202			1									Form filed by More than One Reporting								
-					1											Person				
(City)	(SI	tate) ((Zip)																	
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Ac	quired,	Dis	osed o	of, or B	enefi	ciall	y Owned	d				
1. Title of	Security (Inst	tr. 3)		2. Transa	ction	Execution Date,			3.			ities Acqui		or 5. Amou		unt of 6. O			7. Nature	
	, ,	•		Date (Month/D	av/Ye				e, Transaction Disposed Code (Instr. 5)			d Of (D) (Instr. 3, 4 a			Securiti Benefici				of Indirect Beneficial	
(Monthib						(Month/Day/Yea								Owned		Following (i) ((Instr. 4)	Ownership	
									Code	v	Amount	(A) or D		rice	Reporte Transac	tion(s)			(Instr. 4)	
								Code	<u> </u>	Amount	(D)			(Instr. 3 and 4)						
		Т	able II - [Derivat	ive S	Secu	ırities	Acq	uired, Di	ispo	sed of	, or Ber	nefici	ally	Owned					
									s, option											
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day		4. Transactior Code (Instr. 8)		ion of str. Derivative Securities		6. Date Exercisable and		7. Title and			8. Price of	9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise Price of								Expiration (Month/Day		r)	Amount of Securities		Derivativ Security		derivative Securities	Ownersh Form:	Ownership Form:	ip of Indirect Beneficial	
(Instr. 3)									l, , , l			Underlying			(Instr. 5)	Beneficially		Direct (D)	Ownership	
Derivative Security						Acquire (A) or			Acquired Derivative Secu (A) or (Instr. 3 and 4)					nty		Owned Following Reported Transaction(s) (Instr. 4)		or Indirect (I) (Instr. 4)	(Instr. 4)	
							Disposed of (D)			l ' ' '										
						(Instr. 3, 4														
				L	<u> </u>		and 5)					 								
													Amo	unt						
													Num	ber						
					ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shai	es						
Restricted										\top		Common								
Stock	\$0	02/21/2019			A		3,164		(1)		(1)	Stock	3,1	64	\$0	3,164		D		

Explanation of Responses:

1. Shares vest 25% per year beginning January 31, 2020.

/s/ Barbara C. Johnston by

Michael B. Kirwan, Attorney- 02/22/2019

in-Fact

** 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.