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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPRC | DVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| 1. Nume and Address of Reporting Ferson | | | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--------------------------|----------|--|-------------------|--|-----------------------|--|--|--|
| FIALA I | FIALA MARY LOU | | | X | Director | 10% Owner | | | |
| (Last) ONE IND SUITE 11 | (First) EPENDENT DRIV | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014 | | Officer (give title below) | Other (specify below) | | | |
| | 4 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fil | ing (Check Applicable | | | |
| (Street) | | | | X | Form filed by One Re | eporting Person | | | |
| JACKSONVILLE FL | | 32202 | | | Form filed by More the Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 145101 | Table 1 Hon Derivative dedunities Adquired, Disposed of, or Denendary Owned | | | | | | | | | |
|---------------------------------|---|---|------------------------------|--|--|---------------|---|---|---|----------------------|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | | | | | | | | 24,627 | D | |
| Common Stock | 02/18/2014 | | S | | 8,339 | D | \$50.646 ⁽¹⁾ | 21,211 | Ι | Irrevocable Trust |
| Series 6 Preferred | | | | | | | | 7,000 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/M | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$50.55 to \$50.69, inclusive. The reporting person undertakes to provide to Regency Centers Corporation, any security holder of Regency Centers Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.

Remarks:

/s/ Michael B. Kirwan,

Attorney-in-Fact for Mary Lou 02/19/2014

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** 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.