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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 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* MAS MICHAEL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] | | | | | | | | | k all appli Directo Officer | tionship of Reportin all applicable) Director Officer (give title below) | | 10% Ov | vner | |
|--|---|--|---|---------|--|--|---|---------------|---|-----------------------------------|--------------------|--|---------------------------------------|--------------|--|---|--------------|--|---|--|
| (Last) (First) (Middle) C/O REGENCY CENTERS CORPORATION ONE INDEPENDENT DRIVE, SUITE 114 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2021 | | | | | | | | | EVP a | ınd C | below) | | |
| (Street) JACKSONVILLE FL 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 Person | | | | | |
| (City) | (5) | | (Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2 r) if | A. Deen Execution f any Month/D | ned n Date | 3. Trans | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amou Securition Benefici Owned I | nt of es ally Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 02/09/ | | | | | | 2021 | | | М | | 6,325 | 325 ⁽¹⁾ A | | (2) | 19,115 | | | D | | |
| Common Stock 02/09/ | | | | | | 021 | | F | | 2,15 | 2,153 D | | 7.18 | 16 | 16,962 | | D | | | |
| | | Т | able II - | | | | | | | | osed of | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | • | 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and | | D S (I | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Restricted Stock | (2) | 02/09/2021 | | | M | | | 318 | (2) | | (2) | Commor Stock | 318 | | \$0 | 0 | | D | | |
| Restricted Stock | (2) | 02/09/2021 | | | M | | | 422 | (2) | | (2) | Commor Stock | 422 | | \$0 | 477 | | D | | |
| Restricted Stock | (2) | 02/09/2021 | | | M | | | 816 | (2) | | (2) | Commor Stock | 816 | | \$0 | 0 | | D | | |
| Dividend | (1) | 02/09/2021 | | | M | | | 244 | (1) | | (1) | Common | 244 | | \$0 | 0 | | D | | |

Explanation of Responses:

Equialents

- 1. Includes 713 shares accrued when and as dividends were paid on Regency Centers Corporation common stock vested with the restricted stock and performance shares to which they relate.
- 2. Vesting of performance shares and restricted stock.

/s/ Michael B. Kirwan, Attorney-in-Fact for Michael J. 02/11/2021 Mas

** Signature of Reporting Person Date

Stock

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.