FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiliilytuii,	D.C.	20049

STATEMENT	OF CHANG	ES IN BE	NEFICIAL	OWNERS	HIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

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* FIALA MARY LOU				2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					er		
(Last) ONE INI SUITE 1	DEPENDE		(Middle)		05/	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2013								Officer (give title Other (specify below) below)					
(Street) JACKSONVILLE FL 32202					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Fil Line) X Form filed by One Reference Form filed by More the Person									ne Rep	orting Pe	rson		
(City)	(St	ate) ((Zip)																
			le I - No			_			1	, Dis	_			Ily Owner					
		2. Transaction Date (Month/Day/Year		Execution Date,		Transaction Disposed Code (Instr. 5)		Disposed	ies Acquired (A) or Of (D) (Instr. 3, 4 an		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar				(Instr. 4)	
Common Stock 05/10/			2013	2013		M		1,000	A	(1)	29,50)9 ⁽²⁾	D						
Common Stock 05/10/2		2013	.013		M		133	A	(3)	29,64	12 ⁽²⁾	D							
Common Stock											29,550 I		I	Irrevocable Trust					
Series 6 Preferred											7,00	7,000		D					
		Т	able II								osed of converti			y Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion One Exercise Price of Derivative Security Security 1. Title of Date (Month/Day/Year) Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year)		ned on Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisab Expiration Date (Month/Day/Year)		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	10. Owners Form: Direct (I or Indire (I) (Instr	ship of Be D) Ov ect (In	11. Nature of Indirect Beneficial Dwnership Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares	per					
Restricted Stock Grant	\$0	05/10/2013			М			1,000	(1)		(1)	Common Stock	1,000	\$0	4,5	00	D		

Explanation of Responses:

1. Vesting of restricted stock pursuant to Regency's Omnibus Incentive Plan.

05/10/2013

- $2. \ Includes \ shares \ acquired \ through \ participation \ in \ Regency's \ Dividend \ Reinvestment \ Plan.$
- 3. Settlement of dividend equivalent rights in connection with vesting of restricted stock. The rights accrued when and as dividends were paid on Regency's common stock and vested proportionately with the restricted stock. Each dividend equivalent is the equivalent of one share of Regency common stock.

(3)

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Remarks:

Dividend

Right

Equivalent

/s/ Michael B. Kirwan, Attorney-in-Fact for Mary Lou 05/14/2013 <u>Fiala</u>

** Signature of Reporting Person Date

Common

Stock

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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.