FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/19 |
|----------------|------|--------|
| wasiiiiiqtoii, | D.C. | 20349 |

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

| Name and Address of Reporting Person* LUKE DOUGLAS S | | | | | | | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] | | | | | | | | | | onship of Reporting all applicable) Director | | 10% Ov | wner | |
|--|---|--|--|--|---|---|--|--------|------------|-----------------------------------|------|-------------------|--------|----------------------------|--|--|---|---------------|--|--|--|
| (Last) (First) (Middle) C/O HL CAPITAL, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2014 | | | | | | | | | | | er (give title v) | | Other (s | specify | |
| 405 LEX | INGTON A | AVENUE, 48TH | FLOOR | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YO | ORK N | Y | 10174 | | | | | | | | | | | - 1 | X Form | filed by One Reporting Perso filed by More than One Repo n | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | Se | curit | ies Ad | qui | ired, I | Disp | osed o | of, or | Ben | eficia | lly Owne | d | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | е, | 3. Transac Code (I 8) | | | | | | Benefic | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | : | (A) or (D) | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/2 | | | | | 5/2014 | /2014 | | | | M | | 1,50 | ,500 A | | (1) | 6 | 6,054 | | D | | |
| Common | Stock | | | 05/10 | 6/2014 | 4 | | | | M | | 214 | 1 | A | (2) | 6 | 66,268 D | | | | |
| | | Т | able II - I (| | | | | | | | | sed of onverti | | | | / Owned | | | | | |
| 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, | 4. Transaction Code (Instr. 8) | | | | Exp | Date Exe piration ponth/Day | Date | | Deriv | int of rities rlying | ecurity 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | kpiration ate | Title | 1 | Amount or Number of Shares | | | | | | |
| Restricted Stock | \$0 | 05/16/2014 | | | M | | | 1,500 | | (1) | | (1) | Comr | | 1,500 | \$0 | 3,000 | | D | | |
| Dividend Equivalent | \$0 | 05/16/2014 | | | M | | | 214 | | (2) | | (2) | Comr | | 214 | \$0 | 0 | | D | | |

Explanation of Responses:

- 1. Vesting of restricted stock pursuant to Regency's Omnibus Incentive Plan.
- 2. 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.

Remarks:

Rights

/s/ Michael B. Kirwan,

05/19/2014 Attorney-in-Fact for Douglas

S. Luke

** 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.