FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL						
	OMB Number:	3235-0287					
l	Estimated average burden						
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* STEIN MARTIN E JR	2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
JIBIN WINTERN ESIX											2	✓ Dire		10% (Owner (specify		
(Last) (First) (Middle) ONE INDEPENDENT DRIVE SUITE 114	` '				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2012								Officer (give title below) Chairman and CEO				
(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					
(City) (State) (Zip)												Person					
Table I - Nor	n-Deriva	ative	Sec	curitie	s Acq	uired,	Disp	osed o	f, or	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)					(A) or 3, 4 and	Secui Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount		A) or D)	Price	Trans	action(s) 3 and 4)		(Instr. 4)		
Common Stock	05/24	/2012				G		21		D	\$0	40	00,267(1)	D			
Common Stock												2	20,000	I	By Spouse		
Common Stock												(51,453	I	See Footnote 2 ⁽²⁾		
Common Stock												1	60,263	I	See Footnote 3 ⁽³⁾		
Common Stock												4	15,382	I	See Footnote 4 ⁽⁴⁾		
Common Stock													4,000	I	See Footnote 5 ⁽⁵⁾		
Table II - [(sed of, onvertib				Owned					
Title of rivative Conversion curity str. 3) Date (Month/Day/Year) Price of Derivative Security Security Security 3. Transaction Execution Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year)			ion of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	Price of erivative ecurity nstr. 5)	f 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation of Responses:	C	Code	v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber						

- 1. Includes annuity payment of 43,941 shares from grantor retained annuity trust of which the Reporting Person was the grantor and trustee. Also includes 7,168 shares in Regency's DRIP account, 76,746 shares in Regency's Non Qualified Deferred Compensation Plan Account and 6,119 shares held in the Reporting Person's IRA.
- 2. Shares held by a trust of which the Reporting Person is the trustee and his adult children are the beneficiaries.
- 3. By a corporation which is controlled by the Reporting Person's family.
- 4. By two general partnerships, in which the Reporting Person is a general partner.
- 5. By a trust for the Reporting Person's benefit.

Remarks:

/s/ Michael B. Kirwan,

Attorney-in-Fact for Martin E. 06/06/2012

Stein, Jr.

** 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.	