FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | UMB APF |
|--|-------------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: |

| | | _ | | | | _ | | | Estin |
|---------|-----------|-----------|-------------|------------|-----------|-----------|-----|---|-------|
| | | | | | | | | | hours |
| pursuar | nt to Sec | tion 16(a |) of the Se | curities E | Exchange | Act of 19 | 934 | Ī | |
| or Sec | tion 30(I | n) of the | Investmen | t Compa | ny Act of | 1940 | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|--|-------------------|--|--|---|---|--|--------|--|-----------------------------|---|---|--|----------------------------------|--|--|--|----------|
| <u>LUKE DOUGLAS S</u> | | | | | 1 | TELECTION CONT. [IEC] | | | | | | | | | X Dir | ector | | 10% C | Owner |
| (Last) | (Last) (First) (Middle) C/O HL CAPITAL, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2014 | | | | | | | | | | Officer (give title below) | | Other below) | (specify |
| 405 LEXINGTON AVENUE, 48TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 10174 | | | | | | | | | | Li | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa- Date (Month/Date | | | | Execution D (Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A d Of (D) (Instr. 3, | | | nd Sec Ben Owr | 5. Amount of Securities Beneficially Owned Following Reported | | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Price | Trar | nsaction(s) tr. 3 and 4) | | | (11150.4) | | |
| Common Stock 08/07/ | | | | | 7/2014 | | | | A | | 282 | 2 | A | (1 | (1) 66,550 | | | D | |
| | | Та | able II - C | Derivati e.g., pu | | | | | | | | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) Convers or Exerc of Derivative Security | | 3. Transaction Date (Month/Day/Year) | Date Execution Da | | Date, Transaction Code (Instr. | | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Amo Secu Undo Deri | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | ative derivative rity Securities | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | | or Nun | nber | | | | | | |

Date Exercisable

Explanation of Responses:

1. Represents directors' fees paid in stock pursuant to Regency's Omnibus Incentive Plan.

Remarks:

/s/ Michael B. Kirwan,

of Shares

Attorney-in-Fact for Douglas 08/07/2014

S. Luke

Title

Expiration Date

** 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).

Code

(A) (D)

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.