FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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l	OMB APPROVAL									
	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>LEAVITT J CHRISTIAN</u>						2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [ REG ]								neck all appli Directo	cable) or	g Person(s) to Issue 10% Own Other (spe		wner	
(Last) (First) (Middle)  ONE INDEPENDENT DRIVE  SUITE 114						3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020									X Officer (give title below) Other (specify below)  Chief Accounting Officer				
(Street) JACKSONVILLE FL 32202  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deriv	/ative	Sec	uriti	es Ac	auired.	Dis	posed o	of. or Be	neficial	ly Owned	<u> </u>				
1. Title of Security (Instr. 3)  2. Transa Date (Month/E						Ex Day/Year) if a		P.A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr.		ies Acquire Of (D) (Ins	ed (A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) oi (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common	/2020				М		4,440	1) A	(2)	23	,966		D						
Common	)/2020	2020			F		1,646	D	\$62.3	39 22,320			D						
		T						-		-			-	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	ed n Date,	4. Transa Code ( 8)	ction	5. Number on of		6. Options, C  6. Date Exercise Expiration Date (Month/Day/Yea		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock	(2)	02/10/2020			M			1,163	(2)		(2)	Common Stock	1,163	\$0	2,499	)	D		
Restricted Stock	(2)	02/10/2020			М			427	(2)		(2)	Common Stock	427	\$0	487		D		
Restricted Stock	(2)	02/10/2020			M			847	(2)	1	(2)	Common Stock	847	\$0	2,633		D		
Restricted Stock	(2)	02/10/2020			M			427	(2)		(2)	Common Stock	427	\$0	0		D		
Restricted Stock	(2)	02/10/2020			M			870	(2)	1	(2)	Common Stock	870	\$0	965		D		
Dividend Equivalents	(1)	02/10/2020			M			332	(1)	Ì	(1)	Common	332	\$0	0		D		

## **Explanation of Responses:**

- 1. Includes 369 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. Includes 475 shares in Regency Centers Corporation's Non-Qualified Deferred Compensation Plan Account.
- 2. Vesting of performance shares and restricted stock.

/s/ Michael B. Kirwan,

Attorney-in-Fact for J.

**Christian Leavitt** 

\*\* Signature of Reporting Person

02/12/2020

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.