FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

|        | Check this box if no longer subject |
|--------|-------------------------------------|
|        | to Section 16. Form 4 or Form 5     |
| $\cup$ | 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

| Name and Address of Reporting Person*     Evens Deirdre             |  |         |                               | 2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [ REG ] |   |  |  |   |   |                    |                                     | (Ch   | Relationshi<br>neck all app<br>X Direc  | olicable)                          |   | Person(s) to Issue   |         |  |  |
|---|--|---------|-------------------------------|--|---|--|--|---|---|--------------------|-------------------------------------|---|---|------------------------------------|---|--|---------|--|--|
| (Last)  | (Fir   | est) (N | /liddle)                      |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023 |  |  |   |   |                    |                                     |   | Office<br>below   | er (give title<br>v)               |   | Other (s   | specify |  |  |
| C/O REGENCY CENTERS CORPORATION<br>ONE INDEPENDENT DRIVE, SUITE 114 |  |         |                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)                 |   |  |  |   |   |                    |                                     | Lin   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person                   |                                    |   |  |         |  |  |
| (Street) JACKSONVILLE FL 32202                                      |  |         |                               |  |   |  |  |   |   |                    |                                     |   | Form filed by More than One Reporting Person  |                                    |   |  |         |  |  |
| (City)  | (City) (State) (Zip)   |         |                               |  | Rule 10b5-1(c) Transaction Indication                       |  |  |   |   |                    |                                     |   |   |                                    |   |  |         |  |  |
|   |  |         |                               |  |   | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |   |   |                    |                                     |   |   |                                    |   |  |         |  |  |
|   |  | Table   | l - Noı                       | n-Deriva   | tive S  | ecur   | ities Acq  | uired, I  | Disp  | osed of            | , or                                | Ben   | eficia  | ally Owr                           | ned   |  |         |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day        |  |         | Execution Dat                 |  | ution Date,   | Code (Instr.   |  | 4. Securities Acquired Disposed Of (D) (Instr. and 5) |   |                    | Securi<br>Benefi<br>Owned<br>Follow | ties<br>cially<br>l<br>ing                          | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  |                                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |         |  |  |
|   |  |         |                               |  |   |  |  | Code  | v   | Amount             | ()                                  | A) or<br>D)   | Price   |                                    | ed<br>ction(s)<br>3 and 4)  |  |         |  |  |
| Common  | Stock  |         |                               | 08/01/2  | 2023  |  |  | A   |   | 483                |                                     | A   | (1)   | 15,449                             |   | D  |         |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |                               |  |   |  |  |   |   |                    |                                     |   |   |                                    |   |  |         |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | tive Conversion Date Execution D ty or Exercise (Month/Day/Year) if any  |         | on Date, Transact<br>Code (In |  |   |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4) |                    | f<br>g                              | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ow<br>For<br>Dire<br>or I<br>(I) ( | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |  |  |
|   |  |         |                               |  | Code  | v  | (A) (D)  | Date<br>Exercisal                                     |   | Expiration<br>Date | Title                               | or<br>Nur<br>of                                     | ount<br>nber<br>ıres  |                                    |   |  |         |  |  |

## Explanation of Responses:

 $1. \ Represents \ director's \ fees \ paid \ in \ stock \ pursuant \ to \ Regency's \ Omnibus \ Incentive \ Plan.$ 

/s/ Michael B. Kirwan,

Attorney-in-Fact for Deirdre 08/03/2023

**Evens** 

\*\* Signature of Reporting Person 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.