FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-02									

287 Estimated average burden 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

					UI V	Secu	011 30(11)	or the i	nvesui	ient C	υπρ	Jany Act	01 19	+0									
1. Name and Address of Reporting Person* <u>LEAVITT J CHRISTIAN</u>						2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [ REG ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
						TEGETTOT CENTERO CORT [ REO ]											Director			10% Owner			
-															_	X		er (give title			(specify		
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)											below) below)						
ONE INDEPENDENT DRIVE					03/	03/23/2015										Chief Accounting Officer							
SUITE 114					1 If	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
					4. "	4. II Amendment, date of Original Filed (Month/day/Year)										Line)							
(Street)			2222													X Form filed by One Reporting Person							
JACKSU	NVILLE F	L	32202														Form	n filed by Moi	re tha	an One Rep	ortina		
																	Pers						
(City)	(St	ate) (	Zip)																				
		Tab	e I - Non	-Deriv	ative	Se	curitie	es Acc	quire	d, Di	spo	osed o	f, o	r Ben	efici	ally (	Dwne	ed					
1. Title of S	Security (Inst	r. 3)		2. Transa	action					4. Securities Acquired (A)					l (A) oi	) or 5. Amount of			6. Ownership		7. Nature		
				Date (Month/I	Day/Ye	ay/Year)   i1		Execution Date, if any		Code (Instr.				. 3, 4 a				Form: Direct (D) or Indirect	of Indirect Beneficial				
							(Month/Day/Yea		ır) 8)							Owned Following Reported		(1) (11	(I) (Instr. 4)	Ownership (Instr. 4)			
										Code V		Amount	(A) or (D)		Price	, I	Transaction(s) (Instr. 3 and 4)			, ,			
									_	_	-					-	<u> </u>						
Common Stock 03/23/					/2015	5				1	V	200		D   \$		16,267		6,267		D			
		Ta	ıble II - D	)erivati	ve S	eci	ırities	Δcau	ired	Disn	กร	ed of	or F	Renefi	ciall	v Ow	ned						
												nvertib											
1. Title of	2.	4.		5. NI	ımber	6. Date Exercisable and 7. Title and							8. Pri	ce of	9. Number o	of 1	10.	11. Nature					
Derivative	Conversion	3. Transaction Date	3A. Deeme Execution	Date,	Transa		n of		Expiration Date Amou				mount of		Deriv	ative	derivative		Ownership	of Indirect			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Da		Code (Instr. 3)		Securities		(Month/Day/Year)				Securities Underlying			Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
	Derivative Security							Acquired (A) or						ivative curity (In	str 3			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
Gooding							Disposed of (D) (Instr. 3, 4		and 4)				o <b>o</b>	<u> </u>		Reported		(., (					
															Transaction (Instr. 4)		' <sub>2</sub> )						
				L			and 5)											-					
															ount								
														or Nu	nber								
										Date Expiration Exercisable Date			of Title Shares		ıres								
		1																					

**Explanation of Responses:** 

Remarks:

/s/ Michael B. Kirwan, Attorney-in-Fact for J. **Christian Leavitt** 

06/11/2015

\*\* 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.