FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* STEIN MARTIN E JR				2. Issuer Name and Ticker or Trading Symbol REGENCY CENTERS CORP [REG]										heck all ap	plicable) ctor	g Person(s) to Is	Owner	
_	(Last) (First) (Middle) ONE INDEPENDENT DRIVE SUITE 114				3. Date of Earliest Transaction (Month/Day/Year) 11/08/2011											Officer (give title below) below) Chairman and CEO		(specify
(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 Person				
(City)	(St	ate) (Zip)												rei	5011		
		Tabl	e I - Non	-Deriv	ative	_			quired,	Disp	osed o	f, or	Ben	eficia	lly Own	ed		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			nd Secur Bene	ficially ed 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			11/08	3/201	1			G		2,524	4	D	\$0) 2	43,596	D	
Common	Stock														1	53,262	I	See Footnote 1 ⁽¹⁾
Common	Stock														1	60,263	I	See Footnote 2 ⁽²⁾
Common Stock													4	15,382	I	See Footnote 3 ⁽³⁾		
Common Stock													4,000		I	See Footnote 4 ⁽⁴⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		5. Number 6		Expiration	. Date Exercisa xpiration Date Month/Day/Year		Amo Secu Und Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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)		
				Code		v	(A)	(D)	Date E Exercisable D		Expiration Date	Title	of	nber ıres				

Explanation of Responses:

- 1. Represents (i) 129,731 remainder shares held in two grantor retained annuity trusts of which the Reporting Person is the trustee and the beneficiaries of which are the Reporting Person's children (none of whom shares the same home with him) and (ii) 23,531 shares held by a trust of which the Reporting Person is the trustee and his children are the beneficiaries.
- 2. By a corporation which is controlled by the Reporting Person's family.
- 3. By two general partnerships, in which the Reporting Person is a general partner.
- 4. By a trust for the Reporting Person's benefit.

Remarks:

/s/ Michael B. Kirwan, Attorney-in-Fact for Martin E. 11/09/2011 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.