FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average | burden | | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person CARPENTER ALVIN R (Last) (First) (Middle) 500 WATER STREET, 15TH FLOOR | | | | | REGENCY CENTERS CORP [REG] | | | | | | | | | | (Ch | neck all appl | all applicable) Director | | 10% O | |
|---|---|--|---|-----------|---|---|-------|---------------|---|---------------|------|---|--------|------------------|---|---|---|--|--|------------|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2012 | | | | | | | | | | Office below | (give title | le Other (below) | | (specify |
| (Street) JACKSONVILLE FL 32202 | | | | | 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Lin | ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | vative | Se | curit | ies Ad | cqui | ired, | Disp | osed | of, or | Ber | neficial | lly Owne | d | | | |
| Date | | | | | | Execution Day/Year) if any | | ecution Date, | | | | urities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefic | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amount | • | (A) or (D) | Price | Transac | | | | (111511.4) |
| Common Stock 06/0 | | | | | | /2012 | | | | М | | 2,00 | 00 | A | (1) | 60 |),767 | | D | |
| Common Stock | | | 06/0 | 5/01/2012 | | | | | М | | 294 | | A | (2) | 61 | ,061 | | D | | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Security 1 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | e ercisabl | | cpiration ate | Title | | Amount or Number of Shares | | | | | |
| Restricted Stock | \$0 | 06/01/2012 | | | M | | | 2,000 | | (1) | | (1) | Comr | | 2,000 | \$0 | 3,000 | | D | |
| Dividend Equivalent Right | \$0 | 06/01/2012 | | | М | | | 294 | | (2) | | (2) | Com | | 294 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Vesting of restricted stock granted pursuant to Regency's Long Term Omnibus Plan.
- 2. Settlement of dividend equivalent rights in connection with vesting of restricted stock. The rights accrued when and as dividends were paid on Regency's common stock and vested proportionately with the restricted stock. Each dividend equivalent right is the equivalent of one share of Regency common stock.

Remarks:

/s/ Michael B. Kirwan,

06/05/2012 Attorney-in-Fact for Alvin R.

Carpenter

** 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.