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

(Print or Type Responses

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Perso Connelly Deirdre P	2. Issuer Name <b>and</b> Ticker or Trading Symbol Macy's, Inc. [M]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) LILLY CORPORATE CENTER		3. Date of Earliest T 12/31/2008	ransaction	(Mon	nth/Day/Y	ear)		% Owner ther (specify bel	ow)		
(Street) INDIANAPOLIS, IN 46285		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	(Instr. 8)	tion	(A) or Disposed of (D)			Transaction(s)	Ownership Form:	Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	· · · ·	Direct (D) or Indirect (I) (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or	indirectly.	
P	Persons who respond to the collection of information	SEC 1474 (9-02)
c	ontained in this form are not required to respond unless	the
fo	orm displays a currently valid OMB control number.	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.		3A. Deemed	4.			mber	6. Date Exerc	isable and	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Da	ite	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ative	(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Securities				Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired			(Instr. 3 and 4)		d 4)		Owned	Security:	(Instr. 4)
	Security				(A) or				ř í		Following	Direct (D)			
						Dispo	sed						Reported	or Indirect	
						of (D)	)						Transaction(s)	(I)	
				(Instr. 3,								(Instr. 4)	(Instr. 4)		
						4, and	15)								
											Amount				
								D /	<b>F</b> · /·		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Phantom										G					
Stock	(1)	12/31/2008		А		896		12/31/2011	12/31/2011	Common	896	\$ 9.41	896	D	
Units		12/21/2000				0,00		12,01/2011	12,01,2011	Stock	070	<u>(2)</u>	0,00	2	
Units															

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Connelly Deirdre P LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285	х							

### **Signatures**

/s/Christopher M. Kelly, as attorney-in-fact for Deirdre P. Connelly pursuant to a Power of Attorney	01/05/2009
Signature of Reporting Person	Date

# **Explanation of Responses:**

\* 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).

(1) 1-for-1 conversion.

(2) The price noted is the average of the value of the stock units granted each month during the quarter for which this report is filed.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.