FORM 4

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

(Print or Ty	pe Response	es)																		
	nd Address o		2. Issuer			Ticker o	r Tradi	ng Sym	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Weiser Ju	alie Greine		irst)			Macy's,				Mont	th/Day/	Z 0.0m)			Director	ve title below)	10	% Owner ther (specify b	alow)	
	7			EVEN	TELL CED DEE	 Date of 03/19/20 		t Irai	isaction	(IVIOIII	ш/Бау/	(ear)			Officer (gr		chandise Plan		ciowj	
			treet)			4. If Ame	ndment	, Date	Origin:	al Fileo	(Month/I	ay/Year)		_X_ F	orm filed by	One Reporting	oup Filing(Cho g Person Reporting Perso		e Line)	
	NATI, OH				(7:-)															
(Cit	у)	(8	State)		(Zip)											eficially Ow	vned			
1.Title of Security (Instr. 3)		Γ	. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if C	(Instr. 8)		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) Ow Tra		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				of Ind Bene Own	7. Nature of Indirect Beneficial Ownership		
									Code	V	Amount (A) or (D)		Price	or Indirect (Inst (I) (Instr. 4)				:. 4)		
Common	Stock													3,31	9 <u>(1)</u>			I	By 401(Plan	
Reminder:	Report on a	separa	ate line fo	or each	class of securities	s beneficia	ally ow	ned di	irectly o	r indir	ectly.									
										Perso	ns wh					of inform			1474	(9-02
																l to respoi ontrol nun	nd unless t nber.	the		
					T 11 TT 1			.,.												
					Table II - l	e.g., puts								iy Ow	nea					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	f Transaction of Code Deri's (Instr. 8) Secu Acqui (A) of Disp (D)			vative rities aired or osed of r. 3, 4,		on Date			7. Title and Amount of Underlying Securities (Instr. 3 and			9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Ourier Securi Direct or Ind	rship of B of tive (I) (I) irect	1. Na f Indi Genefi Owner Instr.	
						Code		(A)		Date Exercisable		piration e	Title		Amount or Number of Shares					
Options to Purchase Common Stock	\$ 20.89	03/19/2010		10		A	37,140 (2)		03/	03/19/2020		Common Stock		0 \$ 0 37,140		D				
Repor	ting O	wn	iers																	
Donoutiv -	Owner N	no / A	ddnass			Relat	ionship	S												
Reporting	Owner Nan	ne / A	aui ess	Direct	or 10% Owner	Officer					Otl	ner								
Weiser Julie Greiner C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202					Chief M	e Plann	ing O	fc												
Signa											1									
/s/ Linda	J. Balicki,	as at	torney-	in-fac	t for Julie Greii	ner pursu	ant to	a Po	wer of	Attor	ney		03/2	3/201	10					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

**Signature of Reporting Person

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reflects matching contributions under the Issuer's 401(k) plan, derived by dividing the value of the undivided interest of the reporting person in the applicable investment fund as of March 19, 2010 by \$20.89, the stock price of such date.
- (2) Grant to reporting person of options to purchase 37,140 shares of common stock under the Issuer's 2009 Omnibus Incentive Compensation Plan. The options become exercisable in 25% increments on March 19, 2011, March 19, 2012, March 19, 2013 and March 19, 2014.

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.