FORM 4 Check this box if no

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

UNITED S

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

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

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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)																		
1. Name and Address of Reporting Person *- Weiser Julie Greiner							Name an nc. [M]	d Tick	er or	r Tradin	g Symb	ol	4	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Las		(First)	EVE	TITLE OFFI			Earliest T	ransac	ction	(Month	/Day/Y	ear)				(Chief Merc		ther (specify be	elow)	
C/O MA	C i S, INC.	(Street)	SE V E	NIII SIKEEI	03/19/		dment, D	ata Ou		al Eilade	4 15	ar >	- -	C Indivi	dual.		oup Filing(Ch	Ť	* · · ·	
CINCIN	NATI, OH				4. II AI	пеп	ument, D	ate Of	igina	ai riieu(Month/Da	iy/Year)		_X_ Form	filed by	y One Reporting		••	Line)	
(Cit		(State)		(Zip)			T:	ahle I	- No	n-Derix	ative S	ecurities	Acquir	red Dis	nose	d of or Ren	eficially Ov	vned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if			3. Transaction 4. Code (A			. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)			5. Amou Owned I	nt of	Securities I wing Report	Beneficially	6. Ownership Form:				
				(Month/Day/Tear	(Month/Day/Yea		ay/Year)				Amount (D)			(Instr. 3 and 4) Direct (D) or Indirect (I)				Own	ership	
Common	Stock												3	3,424	1)			Ι	By 401(Plan	
Reminder:	Report on a	separate line	for eac	h class of securitie			·			Persor contain form d	s who ned in isplays	this for	m are r ently v	not requality	uired 1B c	n of inform d to respon ontrol nun	nd unless		C 1474	(9-02
							calls, wa							Owned						
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year		3A. Deemed Execution Date, i any (Month/Day/Yea	Code		of Deriv Secur Acqu (A) o Dispo (D) (Instr	Derivative Securities Acquired (A) or Disposed of		xpiration	ercisable and Date yy/Year)		7. Title Amour Underl Securit (Instr. 1	nt of lying			9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of B tive O (I (D) rect	1. Na of Indi Benefi Owner Instr.
					Cod	le	V (A)) (E	Ex	ate xercisab		ration	Title	Amount or Number of Shares						
Option to Purchase Common Stock	1	03/19/20)13		A		43,6	21		(2)	03/1	19/2023	Comn Stoc	43	,621	\$ 0	43,621	D		
Repor	rting O	wners																		
Donoutin	Owner N	no / Addus-			Re	lati	onships													
Reporting Owner Name / Address Director 10% Owner Weiser Julie Greiner C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202				ctor 10% Owner	Officer Chief Merchandise Planning Ofc					Othe	er									
Signa	tures																			

Explanation of Responses:

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

/s/ Linda J. Balicki, as attorney-in-fact for Julie Greiner pursuant to a Power of Attorney

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 the reporting person's interest in Macy's stock 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 20, 2013 by \$42.55, the stock price of such date.

03/21/2013

(2) Grant to reporting person of options to purchase 43,621 shares of common stock under the Issuer's 2009 Omnibus Incentive Compensation Plan. The options become exercisable in 25% increments on March 19, 2014, March 19, 2015, March 19, 2016 and March 19, 2017.

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.