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

(Duint on Toma Damasara)

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

(Find of Type Response	,5)										
1. Name and Address of LEVINSON SARA	2. Issuer Name an Macy's, Inc. [M]		r Trac	ding Sym	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
45 EAST 85TH STI	^(First) REET, #4D		3. Date of Earliest 7 06/30/2013	Fransaction	(Moi	nth/Day/Y	Year)			Other (specify be	low)
NEW YORK, NY 1	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)	Ta	ble I - Non	-Deri	ivative So	ecurities	Acqu	ired, Disposed of, or Beneficially C	Owned	
1.Title of Security (Instr. 3)		(Month/Day/Year)	Execution Date, if	(Instr. 8)		(A) or D (D) (Instr. 3,	(A) or	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(<i>s</i>) (Instr. 3 and 4)	Direct (D) or Indirect (I)	Beneficial Ownership
				Code	V	Amount	(D)	Price		(Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form 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.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exer	rcisable	7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		and Expirati	ion Date	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)		Secur	rities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acqu				(Instr. 3 and	d 4)				(Instr. 4)
	Security					(A) o								Direct (D)	
						Dispo							1	or Indirect	
						of (D	· · · · · · · · · · · · · · · · · · ·						Transaction(s)	· · ·	
					(Instr. 3, 4, and 5)							(Instr. 4)	(Instr. 4)		
						4, and	13)		1		1				
											Amount				
								Date	Expiration	T:41-	or Number				
								Exercisable	Date	The	of				
				Code	v	(A)	ന				Shares				
Disation				coue	•	(11)	(3)				0111105				
Phantom								(2)	(2)	Common		\$ 48.71		_	
Stock	<u>(1)</u>	06/30/2013		A		1		<u>(2)</u>	(2)	Stock	1	(3)	1	D	
Units															

Reporting Owners

Demosting Orman Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LEVINSON SARA 45 EAST 85TH STREET, #4D NEW YORK, NY 10028	х						

Signatures

/s/ Christopher M. Kelly, as attorney-in-fact for Sara Levinson pursuant to a Power of Attorney

07/02/2013 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) Units are to be settled in Common Stock upon the reporting person's termination from the Board of Directors.
- (3) 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.