FORM 4

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

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

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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

(Print or Ty	pe Response	es)																
1. Name and Address of Reporting Person *- ALLEN WILLIAM S					2. Issuer Name and Ticker or Trading Symbol Macy's, Inc. [M]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
C/O MACY'S, INC., 7 WEST SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/28/2014									X Officer (give title below) Other (specify below) Chief Human Resources Officer					
(Street)				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					
CINCINN	NATI, OH	45202												Form filed	by More than One	Reporting Person		
(City	y)	(State)		(Zip)			Tal	ble I -	Non	-Deriva	tive Sec	curities	Acqui	red, Dispo	sed of, or Ben	eficially Owi	ied	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Dee Executi any (Month	Date, if	(Instr. 8		(A	4. Securities Acquain (A) or Disposed (Instr. 3, 4 and 5)		of (D)	. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)		ted (Ownership Form:	7. Nature of Indirect Beneficial Ownership		
					(Month)	Дау	// i cai j	Cod	le	V A	mount	(A) or (D)	Price	(msu. 3 an	1+)	(or Indirect (I) Instr. 4)	
Common	Stock													15 ⁽¹⁾		l	[By 401(k) Plan
					(e.g., put		lls, war	rants,	fo iired opti	orm dis l, Dispo ions, con	splays sed of, o	a curro or Bene e secur	ently v eficially ities)	alid OMB Owned	control nur			
1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise Price of Derivative Security		(Month/Day/Year)		A. Deemed secution Date, i yy Ionth/Day/Yea	Code	Transaction Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exerci Expiration Da (Month/Day/Y		Date //Year) U		e and nt of lying ties 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (E or Indirect	(Instr. 4)
					Code	V	(A)	(D)		te ercisable	Expira Date	ition	Title	Amou or Numb of Share	oer			
Option to Purchase Common Stock	\$ 58.92	03/28/2014			A		23,59	97		(2)	03/28	3/2024	Comr Stoo	123.50	\$ 0	23,597	D	
Repor	ting O	wners																
Banauting Owner Name / Addusse				Relationships														
Reporting Owner Name / Address Director 10% Owner ALLEN WILLIAM S			Officer						Other									
C/O MACY'S, INC.					Chief I	Chief Human Resources Officer												

Signatures

7 WEST SEVENTH STREET CINCINNATI, OH 45202

/s/ Linda J. Balicki, as attorney-in-fact for William S. Allen pursuant to a Power of Attorney	04/01/2014
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) 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 31, 2014 by \$59.29, the stock price of such date.
- (2) Grant to reporting person of options to purchase 23,597 shares of common stock under the Issuer's 2009 Omnibus Incentive Compensation Plan. The options become exercisable in 25% increments on March 28, 2015, March 28, 2016, March 28, 2017 and March 28, 2018.

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.