FORM	4
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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).

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 Type Response	es)											
1. Name and Address of Kantor Jeffrey A	2. Issuer Name an Macy's, Inc. [M]	d Ticker or	Tradi	ng Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
C/O MACY'S, INC	., 7 WEST	(Middle) SEVENTH STREET	3. Date of Earliest T 03/28/2014	ransaction ((Mon	h/Day/Ye	ear)	X Officer (give title below) Other (specify below) Chairman of macys.com				
CINCINNATI, OH	(Street) 45202		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)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock									4,911 (1)	Ι	By 401(k) Plan	
Reminder: Report on a	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)											

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

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of			3A. Deemed				er	6. Date Exercisable and					9. Number of		11. Nature
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code)	of Derivativ Securitie (A) or Disposed (D) (Instr. 3, and 5)	es 1 1 of	(Month/Day/Year) U S		Amount of Underlying Securities (Instr. 3 and 4)		(Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Exercisable	Expiration Date		Amount or Number of Shares				
Option to Purchase Common Stock		03/28/2014		А		18,877		(2)	03/28/2024	Common Stock	18,877	\$ 0	18,877	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Kantor Jeffrey A C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Chairman of macys.com					

Signatures

/s/ Linda J. Balicki, as attorney-in-fact for Jeffrey A. Kantor 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 18,877 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.