## FORM 4

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

OMB APPROVAL							
MB Number:	3235-0287						
stimated average burden							
ours per response	e 0.5						

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

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	s)																		
1. Name ar Sachse Pe	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 MAG	cY'S, INC.	T CERTER	3. Date of Earliest Transaction (Month/Day/Year) 03/28/2014										X Officer (give title below) Other (specify below)  Chief Stores Officer							
		4	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								
NEW YORK, NY 10001															Form filed by More than One Reporting Person					
(City	(Zip)	Table I - Non-Derivative Securities Acqui										dired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			Execution Date, if			3. Transaction Code (Instr. 8)		(/	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)			of (D) Owned Follo				wnership orm: irect (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code		V A	mount	(D)	Price				(I (I	nstr. 4)		
Common	Stock													2,42	4 (1)		I		By 401(k) Plan	
Reminder:	Report on a s	separate line	for each	class of securities	s beneficia	ılly ov	vned d	irectl	y or i	ndirec	tly.									
	•	•														of inform	nation nd unless th		474 (9-02)	
																ontrol num		•		
				Table II - I										y Ow	ned					
1. Title of	2.	3. Transactio	on	3A. Deemed	4. 5. Numb				er 6. Date Exercisable and 7. Tit					le and	<u> </u>	8. Price of	9. Number of	10.	11. Natur	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day	/Year)	Execution Date, if any (Month/Day/Year	Code I S S S S S S S S S S S S S S S S S S		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ıf		ion Date (Day/Year)		Amou Under Secur (Instr.	rlying ities	;	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Form of Derivative Security: Direct (I or Indire	of Indirect Beneficia Ownershi (Instr. 4)	
					Code V (A)		(A)	(D)			Expi e Date	ration	Title		Amount or Number of Shares					
Option to Purchase Common Stock		03/28/2014			A	2	7,792	2		(2)	03/2	28/2024	Com Sto		27,792	\$ 0	27,792	D		
Repor	ting O	wners																		
Done	Owner N	ao / A d d		Rel	ationship	s														
Keporting	Owner Nan	ne / Address	Direct	or 10% Owner	Officer			(	Other											
Sachse Peter R C/O MACY'S, INC. 151 WEST 34TH STREET NEW YORK, NY 10001			Chief Stores Office			er														
Signat	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 Peter R. Sachse 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 31, 2014 by \$59.29, the stock price of such date.

04/01/2014 Date

(2) Grant to reporting person of options to purchase 27,792 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.