FORM 4

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

OMB APPROVAL									
OMB Number: 3235-02									
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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).

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)																			
Name and Address of Reporting Person * Kantor Jeffrey A						2. Issuer Name and Ticker or Trading Symbol Macy's, Inc. [M]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Stores Officer					
(Last) (First) (Middle) C/O MACY'S, INC., 7 WEST SEVENTH STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015															
(Street) CINCINNATI, OH 45202					4. If	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	-Der	ivative S	red, Dispo	osed of, or	Beneficially	Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Exect any		on Date, if				4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)			D) Beneficial		nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
				(Month/Day/Year)		Code		V	Amount	+ ` <i>'</i>		ce	(msu. 3	(11104. 5 4114.7)			(Instr. 4)				
Common Stock			02/27/2	2015			A	A		11,773 (1)	A	\$ 0		34,881			D				
Common Stock		03/02/2	2015			S	5		11,773	D	\$ 63.8	433	23,108			D					
Common	Stock														6			I	By wife		
Common Stock														5,076 (2)			I	By 401(k) Plan			
				Table II - 1		ative Secu			quir	the ed, D	form dis	splay	s a cu Benefi	urre icial	ntly valid	d OMB co	espond un ntrol numb		02)		
1. Title of Derivative Security (Instr. 3)	2. 3. Transact Conversion or Exercise Price of Derivative Security		/Year) H	3A. Deemed	ate, if	4. Transaction Code (Instr. 8)		5. Number of		or 6. I and (M	Date Exer Expirati	e Exercisable xpiration Date h/Day/Year)		7. Ti Amo Und Secu	itle and bunt of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	ve Ownership v: (Instr. 4) D) ect		
						Code	V	(A) (D			te ercisable	Expir Date	ation ,	Title	Amount or Number of Shares						
Repoi	ting O	wners						/													
Reporting	Owner Nar	ne / Address				ationship	s														
Reporting Owner Name / Address Director 10% Owner Name / Address Kantor Jeffrey A C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			vner	Chief Stores Officer																	
Signa	tures																				

03/03/2015

Explanation of Responses:

/s/ Linda J. Balicki, as attorney-in-fact for Jeffrey A. Kantor pursuant to a Power of Attorney

**Signature of Reporting Person

- 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) Settlement of performance-based restricted stock units following a 3-year (2012-2014) performance period. Number includes 637 dividend shares accrued during the performance period.
- (2) 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 February 27, 2015 by \$63.72, the stock price of such date.

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.