FORM 4

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

OMB APPR	OVAL							
OMB Number:	3235-0287							
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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 Type Responses) 1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer					
Sachse Peter R					Macy's, Inc. [M]								(Check all applicable) Director 10% Owner					
	(Last) (First) (Middle) C/O MACY'S, INC., 151 WEST 34TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/24/2015								X Officer (give title below) Other (specify below) Chief Innovation/Bus.Devel.Ofc				
(Street) NEW YORK, NY 10001 (City) (State) (Zip)					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					
	•.	(State)	lo #		Table I - Non-Derivative Securities Acqu												7 N	
1.Title of Security (Instr. 3)		Date	ransaction e onth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			(Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) (A) or		Beneficial Reported (Instr. 3 and		of Securities Owned Fol ansaction(s) 4)	F	ownership orm: Direct (D) r Indirect	Beneficia Ownersh		
Common Stock 03/24/2015				24/2015				Code M		Amoun 25,100	_ ` ´	(1)	108,720			nstr. 4)		
												\$,					
Common S			03/	24/2015				S		25,100	עונ	65.40	83,620		I			
Common S	tock												6,214		I		By wife	
Common Stock											2,467 ⁽²⁾	I		By 401(k) Plan				
Reminder: Re	enort on a se	enarate line f	or each c	lass of securitie	es benefici	ally o	wne	d directly	or indi	irectly								
									Perse conta form	ons wh ained ii displa	n this fo	rm are rently v	alid OMB	d to respo	nd unless t		1474 (9-02	
				Table II - 1	Derivative <u>e.g.</u> , puts,								Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security	Date	Transaction ate Execution Date fonth/Day/Year) (Month/Day/Y			4. 5.1 Code ear) (Instr. 8) Sec (A) Dis (D) (Instr. 8) Sec (A) Dis (D) (Instr. 8) Sec (A) Dis (D)			and Expiration Date (Month/Day/Year) An Un			7. Title Amour Underl Securit (Instr. 3	t of ying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivativ Security: Direct (D or Indirect	Owne (Instr.		
					Code	V	(A)	(D)	Date Exerc	isable [Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	03/24/2015			М			25,100	(3)	(3)	Comn	non k 25,100	\$ 0	0	D		
Report	ing O	wners																
Reporting Owner Name / Address						Relationships												
Director 10% (10% Owner	er Officer				Other											
Sachse Peter R C/O MACY'S, INC. 151 WEST 34TH STREET NEW YORK, NY 10001				Chief Innovation/Bus.Do					Ofc									
Signatu	ıres																	

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).

**Signature of Reporting Person

- (1) One-for-one conversion.
- (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 March 24, 2015 by \$65.33, the stock price of such date.
- (3) The reporting person was granted 25,100 restricted stock units on March 23, 2012, vesting was on March 23, 2015.

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.