## 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

OMB APPROVAL									
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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 ar ALLEN	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) 03/27/2015									X Officer (give title below) Other (specify below)  Chief Human Resources Officer						
CINCINI	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											
(Cit	NATI, OH	(State)		(Zip)			То	ble I	Non 1	Doubero	tivo C			ined 1	Diamaga	l of ou Dou	oficially Ow	mad			
1 Title of C	'a assuites		12	Transaction	2A. Dee			3. Tran				ties Acq					neficially Ow		7. Nature		
(Instr. 3) Date				Execution Date, if		ite, if	Code (Instr. 8)		(A	) or D	isposed ( 4 and 5)	of (D) Owne Trans		Amount of Securities Beneficially baned Following Reported ransaction(s) nstr. 3 and 4)			Ownership Form: Direct (D)	of Indirect Beneficial Ownership			
							Code	e	V Aı	mount	(A) or (D)	Price	rice				or Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stock														107 (1)				I	By 401(k) Plan		
Reminder:	Report on a	separate line	for each c	class of securitie	es benefici	ally o	owned	directly	Pe co	rsons ntain	who ed in t	his for	m are	not r	equired	n of inform I to respo	nd unless t		1474 (9-02)		
				Table II -	Derivativ									y Owi	ıed						
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)			if Transaction of Code Der (Instr. 8) Sec Acc (A) Dis (D) (Instr. 8)		of Derive Secur Acqui (A) or Dispo (D)	Expiration (Month/D with some source of tr. 3, 4,		ration			7. Title and Amount of Underlying Securities (Instr. 3 an		Í		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Securit Direct or India	Owners (y: (D) rect		
					Code	ode V (A)		(D)	Date Exer	cisable		ration	Title		Amount or Number of Shares						
Option to	Purchase \$ 63.65 03		015			27.22	27	(2)	(2)	02/2	7/2025	Commo	mon	27,237	\$ 0	27,237	D				
Common Stock			015		A		27,23	57			03/27/202		Stock		: 21,231	\$ 0	21,231	D			
Repor	ting O	wners																			
	Relationships							Ī													
Reporting Owner Name / Address Director 10% Owner			Officer						Other												
ALLEN WILLIAM S C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202				Chief Human Resources Officer																	
Signa	tures																				
/s/ Linda	J. Balicki,	as attorney	-in-fact	for William S	S. Allen 1	oursu	ıant to	o a Po	wer c	of Atto	orney			03/31	/2015						
				gnature of Reporting										Dat							

### **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 27, 2015 by \$63.65, the stock price of such date.
- (2) Grant to reporting person of options to purchase 27,237 shares of common stock under the Issuer's 2009 Omnibus Incentive Compensation Plan. The options become exercisable in 25% increments on March 27, 2016, March 27, 2017, March 27, 2018 and March 27, 2019.

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$ 

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.