FORM 4

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

OMB APPROVAL									
DMB Number:	3235-0287								
Estimated averag	ge burden								
ours per respon	se 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	es)																	
Name and Address of Reporting Person * ALLEN WILLIAM S						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						Date of Earliest Transaction (Month/Day/Year) 02/26/2016 4. If Amendment, Date Original Filed(Month/Day/Year)								X Officer (give title below) Other (specify below) Chief Human Resources Officer					
					4. I									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 Acqui								red, Disp	osed of, or	Beneficially	Owned		
1.Title of Security (Instr. 3)			Date	ransaction nth/Day/Year)	•	ution Date, i	ate, if Cod		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year)			Code		Amount	(A) or (D) Pt		rice	,			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
			02/26/2016					A		8,408 (1)	A	\$ 0		15,188			D		
Common	Stock		02/29	/2016				S		3,468	D	\$ 43.2	2391	11,720			D		
Common Stock													247 ⁽²⁾			I	By 401(k) Plan		
indirectly.		separate line		Table II -	Deriv	vative Secur	rities	Acquii	Per cor the	rsons wi ntained i form di Disposed	n this splay of, or	s forn s a c Bene	n are urre ficial	not req	ection of ir uired to re d OMB cor	spond un	less	EC 1474 (9- 02)	
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day		3A. Deemed Execution D	l Date, if	4. Transaction Code	5. of De Se Ac (A Di of (Ir	5. Numbe		Date Exe d Expirati	tion Date		7. Title an Amount o Underlyin Securities (Instr. 3 ar 4)	ount of erlying crities		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Ownersh y: (Instr. 4) D) ect	
						Code	V (A	(D		ate ercisable	Expir Date	ation	Title	Amount or Number of Shares					
Repoi	rting O	wners																	
						Relation	nship	s											
Reporting	Owner Nar	ne / Address	Direc	tor 10% Ov	wner	Officer					Oth	er							
ALLEN WILLIAM S C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Chief Human Resources Officer																
Siona	tures																		

03/01/2016

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 William S. Allen 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) Settlement of performance-based restricted stock units following a 3-year (2013-2015) performance period. Number includes 491 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 29, 2016 by \$43.21, 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.