FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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nours 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	ype Response	s)																		
1. Name and Address of Reporting Person *- Harrison Robert B				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							
(Last) (First) (Middle) C/O MACY'S, INC., 7 WEST SEVENTH STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/23/2016									X Officer (give title below) Other (specify below) Chief Omnichannel Officer						
(Street)					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)			Т-	L1. T	N	Dania											
			2. Transaction	2A. Dee	mad		3. Trai				ities Acq					eficially Ow		7 1	Nature	
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if		ate, if	Code (Instr. 8)		(A) or Disposed of Instr. 3, 4 and 5)		of (D) Own Trai		5. Amount of Securities Beneficially Owned Following Reported Fransaction(s) Instr. 3 and 4)				ip of Be	of Indirect Beneficial Ownership		
							Coc	de	V	Amoun	(A) or (D)	Price	(I)				.su. +)			
Common	ı Stock								,			11100	1,88	37 (1)			I	Ву	1(k)	
Reminder:	Report on a	separate line for	r each class of securitie	es benefici	ally o	owned	directl	P	ersor ontai	s who	this for	m are	not	required	of inform to respondent	nd unless t		C 147	74 (9-02)	
			Table II -	Derivativ (<i>e.g.</i> , puts									y Ow	ned						
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Y	Execution Date, i	if Transaction Code r) (Instr. 8)		of Deriv Secur Acqui (A) or Dispo (D) (Instr.	Derivative Securities Acquired (A) or Disposed of		Expiration (Month/Da				le and ant of rlying ities . 3 and	, ;	Derivative Security (Instr. 5)	f 9. Number e Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owr Form Deri Secu Dire or Ir	of rative rity: t (D) direct	11. Nat of Indir Benefic Owners (Instr. 4	
				Code	v	(A)	(D)			Expiration ble Date		Title		Amount or Number of Shares						
Option to Purchase Common Stock		03/23/201	6	A		45,94	41		<u>(2)</u>	03/2	23/2026	Com Sto		45,941	\$ 0	45,941	I)		
Repoi	rting O	wners																		
Reporting	Owner Nan	ne / Address		Relation	ship	S														
Harrison Robert B C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Officer Chief Omnichannel Office				ffice	Oth	ner											
Signa	tures																			
/s/ Linda	J. Balicki,	as attorney-ii	n-fact for Robert B.	Harrison	n pu	rsuan	t to a	Pow	er of	Attorn	ey		03/	24/2016	5					
			Signature of Reportir	ng Person										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).
- (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 23, 2016 by \$43.42, the stock price of such date.
- (2) Grant to reporting person of options to purchase 45,941 shares of common stock under the Issuer's 2009 Omnibus Incentive Compensation Plan. The options become exercisable in 25% increments on March 23, 2017, March 23, 2018, March 23, 2019 and March 23, 2020.

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

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.