## FORM 4

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

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours 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 Typ	e Responses	)																	
1. Name and Address of Reporting Person *- HOGUET KAREN M						2. Issuer Name and Ticker or Trading Symbol Macy's, Inc. [M]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O MACY'S, INC., 7 WEST SEVENTH STREET				3. Date of Earliest Transaction (Month/Day/Year) 04/06/2018								Director 10% Owner  X Officer (give title below) Other (specify below)  Chief Financial Officer							
(Street) CINCINNATI, OH 45202					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)			Table	e I - N	on-Dei	ivativ	e Securitie	s Acau	ired.	Dispose	d of, or Bei	neficially Ov	vned		
1.Title of Security (Instr. 3)			Da	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/I	1 Date	s, if Co	3. Transact Code (Instr. 8)		4. Securities Ac (A) or Disposed		quired l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
					(Month/L		Code	V	Amo	(A) or (D)	Price		,			or Indirect (I) (Instr. 4)			
Common Stock												3,20	3,203.6315 <u>(1)</u>			I	By 401(k) Plan		
Reminder: F	Report on a s	eparate line	for each	class of securities	es beneficia	ally ov	vned di	irectly	Pers	ons v	ho respo				n of inform			1474 (9-02)	
															d to respo	ond unless mber.	the		
				Table II - I							l of, or Ber ertible secu		ly Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea			, if Transaction of Code arr) (Instr. 8) Sec Acc (A) Diss (D) (Instr. 8)		5. Nun of Deriva Securit Acquir (A) or Dispos (D) (Instr. and 5)	tive ties red sed of 3, 4,	and E (Mon	xpirati	rcisable ion Date v/Year)	7. Titl Amou Under Securi (Instr.	int of lying ities		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Owners (Instr. 4) (D)	
					Code	V	(A)	(D)		isable	Expiration Date	Title		Amount or Number of Shares					
Restricted Stock Units	(2)	04/06/2018			A		50,33	5	1	<u>(3)</u>	(3)	Comi		50,335	\$ 0	50,335	D		
Repor	ting O	wners																	
Reporting	Owner Nam	e / Address		F	Relationsh	ips													
HOGUET KAREN M C/O MACY'S, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202			Officer  Chief Financial Office			ficer	Othe	<u>r</u>											
Signat  /s/ Ann M		nes, as atto	orney-ii	n-fact for Kare	en M. Ho	guet 1	oursua	ant to	a Pow	ver of	Attorney			04/10/	/2018				

## **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 April 6, 2018 by \$29.80, the stock price on such date.

Date

- (2) Each restricted stock unit represents a contingent right to receive one share of Macy's, Inc. common stock.
- (3) The restricted stock units vest one-third on each of the first, second and third anniversaries of the date granted.

\*\*Signature of Reporting Person

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.