FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasiiiigtoii,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* McDade Brian J.					2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ SPG]									ck all applic Directo Officer	cable) or (give title	g Per	son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) 225 W. WASHINGTON ST.				3. Date of Earliest Transaction (Month/Day/Year) 03/09/2020									below) below) EVP, CFO and Treasurer						
(Street) INDIANAPOLIS IN 46204 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action 2A. Deemed Execution Date,		Code (Ir 8)		tr. 5)		str. 3, 4	l and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numl of Share	ber					
LTIP Units ⁽¹⁾	(1)	03/09/2020			A		1,264		(1)(2)		(1)	Common Stock	1,26	64	\$0.25	1,264		D	

Explanation of Responses:

1. Represents long-term incentive performance ("LTIP") units of Simon Property Group, L.P. (the "Operating Partnership"), of which Simon Property Group, Inc. (the "Company") is the general partner, issued as long-term incentive compensation pursuant to the Operating Partnership's 1998 Stock Incentive Plan, as amended, in compliance with Rule 16b-3. When earned and vested, each LTIP unit may be converted into a unit of limited partnership interest ("Partnership Unit"). Each Partnership Unit may be exchanged for a share of the Company's common stock, or cash, as selected by the Company.

2. On February 28, 2018, the reporting person was awarded a maximum of 3,887 LTIP units, subject to certain performance conditions. On March 9, 2020, the Compensation Committee of the Board of Directors of the Company determined that the extent to which the performance measures had been achieved during the performance period resulted in 32.52%, or 1,264 of the LTIP units becoming earned LTIP units. The earned LTIP units vest in two equal installments on January 1, 2021 and January 1, 2022, subject to a continued service requirement.

/s/ Brian J. McDade by his attorney-in-fact, Alexander

03/11/2020

L.W. Snyder

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.