FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 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 | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------------|---|-----------------|--|--------|--|--|-------|------------------------|---|-------|--|---------------------------|---|--|--|--|
| 1. Name and Address of Reporting Person* Reuille Adam (Last) (First) (Middle) 225 W. WASHINGTON ST. | | | | | | 2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ [SPG] 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021 | | | | | | | | S. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP & Chief Accounting Officer | | | | | |
| (Street) INDIANAPOLIS IN 46204 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secui | rities | Acc | quired | , Dis | posed of | , or Be | nefic | ally Ov | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | d (A) or r. 3, 4 ar | or 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trai | saction(s) :. 3 and 4) | | | (, | |
| Common Stock 04/01/20 | | | | 021 | | F | | 383(1) | D | \$113 | .77 | 5,304 | | D | | | | | |
| Common Stock | | | | | | | | | | | | 498(2) | Г | I | 401 (K) Plan | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu if any | A. Deemed kecution Date, any lonth/Day/Year) Code 8) | | Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative prities priced r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | ate (rear) | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares | | 8. Price of Derivative Security (Instr. 5) | e derivative | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Represents tax withholding obligations in connection with the vesting of restricted stock.
- 2. Includes 131 shares of common stock acquired pursuant to the Issuer's dividend reinvestment plan since the Form 4 filed by the Reporting Person on April 3, 2020.

/s/ Adam Reuille by his attorney-in-fact, Alexander

L.W. Snyder

04/05/2021

** 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.