FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHA | NGES IN B | BENEFICIAL | OWNERSHIP |
|-----------|--------|-----------|------------|------------------|

| OMB APPRO | IVAL | | | |
|------------------------|-----------|--|--|--|
| OMB Number: | 3235-0287 | | | |
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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

| 1. Name and Address of Reporting Person* Broadwater Steven K. | | | | | 2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ [SPG] | | | | | | | | | Check all ap Dire V Offi | pplicable) ector cer (give title | g Person(s) to Issu 10% Ow Other (sp | | ner/ | |
|--|--|--|-------|---|---|--------------------------------------|-----------------|--|-----------------|------|---|--------------------------|--|---|---|---|---------------------|--|-------------|
| (Last) (First) (Middle) 225 W. WASHINGTON STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2011 | | | | | | | | | beid | P & Chief Accounting Offi | | cer | | |
| (Street) INDIANAPOLIS IN 46204 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Secu Bene | ficially ed Following | 6. Ownersl Form: Dire (D) or Indir (I) (Instr. 4) | ect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Cod | e v | Amount | (A (D | () or () | Price | Trans | action(s) . 3 and 4) | | | (1113411 4) |
| Common Stock 02/25/ | | | | 5/2011 | /2011 | | A ⁽¹ | | 1,421 | L | A (1) | |) | 4,922 | | | | | |
| | 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ship (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Award of restricted stock under a stock incentive program established pursuant to the Simon Property Group, L.P. 1998 Stock Incentive Plan. The restricted stock included within such award is subject to forfeiture unless recipient satisfies vesting requirements.

> Steven K. Broadwater, and his attorney-in-fact, Shelly Doran

03/01/2011

** 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.