FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* Roe Peggy Fang | | | | | SIN | 2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ SPG] | | | | | | | | | ck all app Direc | tionship of Reportin all applicable) Director | | 10% Ov | wner |
|--|--|-------|---------|----------------|--|---|---|---|--|------|--|---|-----------------------------------|------------------|--|---|---|--|--|
| (Last) 5804 CL | (Fi EVES LAI | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2024 | | | | | | | | | | Officer (give title below) | | Other (s below) | респу |
| (Street) BETHES | reet) ETHESDA MD 20816 | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | ' | | | | | |
| (City) (State) (Zip) | | | | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Disp | oosed of | , or B | enef | icial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exe if an | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | es Acquired (A) Of (D) (Instr. 3, 4 | | A) or , 4 and | Benefic Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 05/08/2 | | | | | 2024 | | | | A ⁽¹⁾ | | 1,259 | A (1 | | (1) | 5,157 | | | D | |
| 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) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr.) 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Own Forn Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. Non-cash compensation - Award of restricted stock under the Simon Property Group, L.P. 2019 Stock Incentive Plan. The restricted stock vests one year after the award.

/s/ Peggy Fang Roe by her 05/09/2024 attorney-in-fact, Steven E. **Fivel**

** 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.