FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per respons	۰ 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

1. Name and Address of Reporting Person* LEIBOWITZ REUBEN S				<u>S</u>	2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ [SPG]							5. Relationship of Repo (Check all applicable) X Director Officer (give tii			10% Ow		6 Own	ner	
(Last)	(Fir	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024)			below		ile	belo	er (sp ow)	ecily	
680 FIFTH AVENUE, 25TH FL				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NEW YORK NY 10019											X Form filed by One Reporting Person								
				L										Form filed by More than One Reporting Person					
(City)	(State) (Zip) Rule 10b5-1)b5-1((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.										ed to								
		Table	I - Non-Deriva	ativ	e Secui	rities A	cquir	ed, l	Disposed (of, or	Benefic	cial	ly Own	ed					
Date		2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amour Securities Beneficia Owned Following		es Form: D ally (D) or Indirect		Direct t (I)	Indire Bene	eficial ership		
							Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	on(s)					
Common	Stock		04/01/202	4			P ⁽¹⁾		438	A	\$154.19) (1)	53,1	116	I)			
Common	Stock											2,500		00]	I By		Spouse	
Common	Stock												5,00	00(2)]	I		oowitz ndation	
Common Stock											2,500(2)		1	I C		By Maxsim Charitable Remainder Trust			
Common	Stock												1,40	0(2)]	I	By t	rusts	
	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)	Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8)		5. Numbor of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ve (Mo	piratio	xercisable and n Date ay/Year)	ite Amount of		Derivative Security (Instr. 5)		derivative Securities Beneficially Owned				11. Nature of Indirect Beneficial Ownership (Instr. 4)				
Evolanatio				Co	de V	(A) (I	Dai D) Exc	te ercisal	Expiratio ble Date	n Titi	Amount or Number of Shares								

- 1. Represents shares of common stock acquired through the reinvestment of dividends received on restricted stock awarded to the Reporting Person as non-cash compensation under the Simon Property Group, L.P. 2019 Stock Incentive Plan.
- 2. The Reporting Person disclaims beneficial ownership of these securities and the inclusion of these shares in the report shall not be deemed an admission of beneficial ownership of the reported shares for purposes of Section 16 or for any other purpose.

/s/ Reuben S. Leibowitz by his 04/02/2024 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.