FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

	OMB APPROVAL						
	OMB Number:	MB Number: 3235-0104					
I	Estimated average	stimated average burden					
	hours per response						

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*  Shashoua Stanley N.  2. Date of Event Requiring Statement (Month/Day/Year) 12/31/2014			3. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ [ SPG ]							
(Last) (First) (Middle) 225 W. WASHINGTON ST.			. Relationship of Reporting Perso Check all applicable)  Director  X Officer (give title below)	on(s) to Issuer  10% Owner  Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) INDIANAPOLIS IN 46204 (City) (State) (Zip)			SVP International Dev	,	Aţ	X Form filed b	y One Reporting Person y More than One erson			
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		Amount of Securities neficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock		955	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercis Expiration Dat (Month/Day/Ye			3. Title and Amount of Securit Underlying Derivative Securit	ty (Instr. 4) Conver		e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

**Explanation of Responses:** 

Stanley N. Shashoua, and his attorney-in-fact, James M.

12/31/2014

**Barkley** 

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).