Edgar Filing: SIMON PROPERTY GROUP INC /DE/ - Form 5

SIMON PROPERTY GROUP INC /DE/

Form 5

February 17, 2015

FORM	15								OMB A	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COM Check this box if Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0362	
no longer subject to Section 16. Form 4 or Form 5 obligations may continue. ANNUAL STATEME OWNER				iiiigtoii, D.	C. 2034)	•			Expires:	January 31, 2005	
				EMENT OF CHANGES IN BENEFIC NERSHIP OF SECURITIES				FICIAL	Estimated average burden hours per response 1		
See Instru 1(b). Form 3 H Reported Form 4 Transacti Reported	Filed pure Holdings Section 17	(a) of the	Public Ut		g Compa	ny A	ct of 1		n		
SIMON DAVID Symbol SIMO				ssuer Name and Ticker or Trading mbol MON PROPERTY GROUP INC E/ [SPG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014 X DirectorX Officer (give below)					e title 10% Owner below) below) airman of the Board			
225 W. WA	ASHINGTON ST	TREET						CLOTCII	animan of the B	ouru	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
INDIANAI	POLIS, IN 40	5204					-	_X_ Form Filed by Form Filed by Person			
(City)	(State)	(Zip)	Table	e I - Non-Deri	vative Sec	urities	s Acqu	ired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Executi str. 3) any		emed on Date, if 'Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	Â	Â		Â	Â	Â	Â	639,103 <u>(1)</u> <u>(2)</u>	D	Â	
	port on a separate line direction			contained in	this for	n are	not re	llection of info equired to resp lid OMB contro	ond unless	SEC 2270 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
									or	
					*	Expiration	Title			
						Exercisable I			of	
					(A) (D)				Shares	

of D

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Reporting Owners

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
SIMON DAVID 225 W. WASHINGTON STREET INDIANAPOLIS, IN 46204	ÂΧ	Â	CEO/Chairman of the Board	Â			

Signatures

David Simon, and his attorney-in-fact, James M. Barkley

02/17/2015

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Includes 3,066 common shares added to the reporting person's account under the Company's Deferred Compensation Plan in connection with the Washington Prime Group spin-off.
- (2) Includes 6,857 previously reported shares that were purchased and remain in escrow, and which as of December 31, 2013, were made subject to performance conditions to be determined in future periods.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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