FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVA | | | |
|--|-------------|------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 | | |

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-------------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per re | sponse: 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* Volk Kenneth | | | | 2. Issuer Name and Ticker or Trading Symbol MACERICH CO [MAC] | | | | | | | | | | ationship of Reportin all applicable) Director Officer (give title | | 10% Ov Other (s | | wner | |
|--|--|---------|--|--|--|---|--------|--------|--|---|--------------------|---|---|---|--|--|------|-------------------------|---|
| (Last) 401 WIL | (Fir SHIRE BL | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2024 | | | | | | | | Λ | belov EV | , | s De | below) velopmen | t |
| SUITE 700 | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | | · | oup Filing (Check Applicable | | | | |
| (Street) SANTA MONICA | , CA | . 9 | 0401 | | | | | | | | | | | Λ | | filed by Moi | | an One Repo | |
| | | | | | Rul | le 10 |)b5- | 1(c) | Tran | sac | tion Indi | catio | n | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | Check this box to indicate that a transaction was made pursuant to a cor satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruct | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | Transaction(s) (Instr. 3 and 4) | | | (111541. 4) | | | |
| Common Stock 05/1 | | | 05/10/2 | 2024 | | | | P | | 5,000 | A | \$15. | 5.405 | | 51,924 | | I | Volk Living Trust | |
| 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, urity or Exercise (Month/Day/Year) if any Code (| | of de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Expiration Date Amo (Month/Day/Year) Secu Unde Deriv | | | Amour Securi Under Deriva Securi | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rivative decurity Sestr. 5) Be Ow Fo Re | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

Michelle Raff for Kenneth L. Volk ** Signature of Reporting Person

05/10/2024

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.