FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(-, -	cc mondonom i																			
Name and Address of Reporting Person* STEWART MARTA R						2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
STEWART MARTAIN					SPC	SPG]							-	1	Direc			10% O\		
(Last)	(Fir	est) (N	/liddle)											belov	er (give title v)		Other (s	specity	
2405 SANDFIDDLER ROAD					3. Date of Earliest Transaction (Month/Day/Year)															
2 103 GARADI IDDELIK KOMD					12/30/2024															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
VIDCINIA											Li	ine) Form filed by One Reporting Person								
BEACH	VA	. 2	3456											V		filed by Mo		•		
													Perso		ie iliai	TOTIC Rep	Jilling			
(City)	(St	ate) (Z	Zip)																	
		Table	I - N	on-Deriva	tive	Secui	rities	Ac	quire	d, Dis	sposed of	f, or E	Benefic	ially	Own	ed				
1. Title of	Security (Ins	tr. 3)		2. Transaction		n 2A. Deemed Execution Date.			3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4					or 5. Amount of and 5) Securities			6. Ownership Form: Direct		7. Nature of Indirect	
(Month/Day/Yo			Year)			``'	Code (Instr. 8)			(D) (IIIs	J) (IIISII. 3, 4 aliu 5		Beneficially Owned Following		(D) or Indirect		Beneficial Ownership			
						Day/ rear,				(A) or	1	Repor		rted			(Instr. 4)			
									Code	V	Amount	(A) (I)	Price			Transaction(s) (Instr. 3 and 4)				
Common Stock 12/30/202)24				P ⁽¹⁾		177	A	\$168.5	59 ⁽¹⁾ 14,464		4,464		D		
		Tal	ole II	- Derivati	ive Se	ecurit	ties /	Aca	uired	, Disp	osed of,	or Be	neficia	lly (Owne	 d	·	<u> </u>		
											convertib									
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed		4. Transa	notion	5. Number of Derivative		er 6. Date Exercisable and Expiration Date		7. Title and Amount of		8. Price of Derivative		9. Number derivative		10. Ownership	11. Nature		
Security	or Exercise		if any	Execution Date, if any (Month/Day/Year)	Code ((Month/Day/Year)			Secui	rities	Security (Instr. 5)		Securities	- 1	Form:	Beneficial	
(Instr. 3) Price of Derivative			(Mon	tn/Day/Year)	8)		Securities Acquired		Deri			Unde Deriv	ative	(ins	Owned		or Indire	Direct (D) or Indirect	t (Instr. 4)	
	Security				(A) or Disposed		Security (In 3 and 4)				tr.		Following Reported		(I) (Instr. 4)					
							of (D) (Instr. 3, 4 and 5)									Transaction(s	n(s)			
														1		<u> </u>				
													Amount							
									Date		Expiration		Number of							
					Code	v	(A)	(D)		cisable	Date	Title	Shares				- 1			

Explanation of Responses:

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.

/s/ Marta R. Stewart by her attorney-in-fact, Steven E.

01/02/2025

<u>Fivel</u>

** 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.