FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| Check this box if no longer subject | STATE |
|-------------------------------------|-------|
| to Section 16. Form 4 or Form 5 | _ |
| obligations may continue. See | |
| Instruction 1(b). | |

EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* SELIG STEFAN M | | | | 2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ SPG] | | | | | | | | (Che | eck all app | ationship of Reporti k all applicable) Director Officer (give title | | 10% Ov | | | |
|--|--|---------|---------|---|---|--|---------------------------|-------------------------------|-----------------|---------|--|--------|------------------|--|---|--|-----------------------|---|--|
| (Last) 2 EAST | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2024 | | | | | | | | below | | | below) | вреспу | | |
| (Street) NEW YO | ORK NY | 7 1 | 0021 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) X Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contrastisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction | | | | | | | | | | | | | |
| | | Table | I - Non | -Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | 3enet | ficial | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if an | | Deemed cution Date, ny nth/Day/Year) | | | | | es Acquired (A Of (D) (Instr. 3, | | | d Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/0 | | | | 05/08/ | /2024 | | | A ⁽¹⁾ | | 1,329 A | | A | (1) | 29,696 | | | D | | |
| | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expiration Da (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numb of | oer | | | | | |

Explanation of Responses:

1. Non-cash compensation - Award of restricted stock under the Simon Property Group, L.P. 2019 Stock Incentive Plan. The restricted stock vests one year after the award.

/s/ Stefan M. Selig by his attorney-in-fact, Steven E.

05/09/2024

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** 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.