FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| | 20540 | | | | | | | | | |

OMB APPROVAL 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).

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

| Name and Address of Reporting Person* SELIG STEFAN M | | | | | 2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ SPG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner | | | | wner | |
|---|--|-------|-------|--|---|--|----------|-------------------------|-------------------------|--------|---------------|---|--------------------------|--|--|--|---|--------------------------------------|---|
| (Last) (First) (Middle) 2 EAST 70TH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2024 | | | | | | | | | | Office belov | er (give title | | Other (s | specify |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | . |
| (Street) NEW YORK NY 10021 | | | | | | | | | | | | | V | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - N | lon-Deriva | tive \$ | Secui | rities | Ac | quire | d, Di | sposed of | f, or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | Execution | | on Date, | | | | | Acquired (A) o (D) (Instr. 3, 4 a | | and 5) Sec Ben Owr | | curities neficially vned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 06/28/202 | | | | | 24 | | | P ⁽¹⁾ | | 195 | A | \$150.1 | 17 ⁽¹⁾ | 7 ⁽¹⁾ 29,891 | | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | Amount of Securities | | Der Sec | 8. Price of Derivative Security Instr. 5) Beneficial Owned Following Reported Transactio (Instr. 4) | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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

07/02/2024

** Signature of Reporting Person

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.