The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

	The reade	r should not a		1		e and complete.				
							OMB APPI	ROVAL		
	UNITED STA			amber: ngs entries. and the person by whom it is signed hereby re- a contained herein is true, correct and comple- es, are considered integral parts of this form. nager: -15-2016 [Date] ngs of this reporting manager are reported in re- re in this report, and all holdings are reported in re- rtion of the holdings for this reporting manager	SION	OMB Number:	3235- 0006			
		vva:				Expires:	Oct 31, 2018			
		FOR	M 13F COV	YER PAGE			Estimated a burden hours per response:	average 23.8		
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-	alendar Year or Quar									
Check here if An		Amendmei								
This Amendmen	t (Check only one.):									
			-	ries.						
	stment Manager Fili	0 1								
Name:	Simon Property G	-	Ś/							
Address:	225 West Washington Street									
	Indianapolis, IN	46204-3438								
Form 13F File Number:	028-16704									
the report is authority	prized to submit it, th	at all inform	ation contai	ned herein is	true, correct a	and complete, a				
Person Signing the	his Report on Behalf	of Reporting	Manager:							
Name:	James M. Barkley									
Title:	General Counsel									
Phone:	317-263-7083									
-	and Date of Signing									
/s/ James M. Barkley Indianapolis, IN		08-15-201	.6							
[Signa	ture] [C	City, State]	[Date]							
	GS REPORT. (Check		-		-	-	-	5		
	ATION REPORT. (Care reported by other			f the holdings	for this repor	ting manager a	re reported in t	this report		
Report Summa	M2.7.*		Form 13I	F Summary Pa	age					
-	er Included Manager	s:	0							
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		(thousand	s)							

List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F file number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

[If there are no entries in this list, state "NONE" and omit the column headings and list entries.]

NONE

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the	information is accurate	and complete.
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				IISSION	OMB APPROVAL		
	UNITED STA		TES SECURITIES AND EXCHANGE COMM		OMB Number:	3235- 0006	
		Washington, D.C. 20549 FORM 13F			Expires:	Oct 31, 2018	
		FORM 13F INF	FORMATION	TABLE		Estimated av burden	verage
						hours per response:	23.8
COLUMN	COLUMN COLUM	N COLUMN			COLUMN		

LOLUMN 1	2	COLUMIN 3	4	COLUMN 5		COLUMN 6	COLUMIN 7	COLUMN 8			
			VALUE	SHRS OR	SH/	PUT/	INVESTMENT	OTHER	VOTI	NG AUTHO	ORITY
NAME OF ISSUER	TITLE OF CLASS	CUSIP	(x\$1000)	PRN AMT	PRN	CALL	DISCRETION	MANAGER	SOLE	SHARED	NONE
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