FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person* LEIBOWITZ REUBEN S				2. Issuer Name and Ticker or Trading Symbol SIMON PROPERTY GROUP INC /DE/ SPG]										5. Relationship of Repo (Check all applicable) X Director			10%		ó Own	ner
(====)					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023										below	er (give tit /)	lie	belo	er (sp ow)	есіту
l f				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	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.															nded to
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date		2. Transaction Date (Month/Day/Year	Exec) if an	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				Beneficia Owned		s illy	Form: (D) or Indired	Indirect (I)		7. Nature of Indirect Beneficial Ownership	
							Cod	de V		Amou	nt c	A) or Price D)		Following Reported Transaction(s) (Instr. 3 and 4)		ion(s)	(Instr. 4)		(Instr	r. 4)
Common	Stock		06/30/2023				P	(1)		52	6	A	\$116.16	(1)	49,1	L 4 7	I)		
Common	Stock														2,5	00		I	By S	Spouse
Common Stock												5,000(2)		I		By Leibowitz Foundation				
Common Stock														2,500(2)		I		By Maxsim Charitable Remainder Trust		
Common Stock												1,400 ⁽²⁾		I		By trusts				
		Tab	le II - Derivativ (e.g., put												Owne	d				
1. Title of Derivative Security (Instr. 3)	1. Title of Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			4. Transa Code (I. S. S. S. Code (Instr. De Se Ac (A Di of		ner ative rities ired sed	6. D Exp	ate E	ercisable and nate and nate ay/Year)		7. To Amo Sec Und Deri Sec	itle and ount of urities erlying vative urity tr. 3 and 4)	8. Di Si (II	Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip (11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	de V (A) (D)			Date Exe	e rcisal		piration te	Title	Amount or Number of 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.
- 2. The Reporting Person disclaims beneficial ownership of these securities and the inclusion of these shares in the report shall not be deemed an admission of beneficial ownership of the reported shares for purposes of Section 16 or for any other purpose.

/s/ Reuben S. Leibowitz by his attorney-in-fact, Steven E. 07/05/2023 Fivel

** 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.