F	ORM	5
	Check this box if no	longer

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

Check this box if no longer
subject to Section 16. Form 4
or Form 5 obligations may
continue. See Instruction 1(b).
Form 3 Holdings Reported

Form 4 Transactions

Reported

Г

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] NEHMEN JOSEPH			2. Issuer Name and Ticker or Trading Symbol TANGER FACTORY OUTLET CENTERS INC [SKT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) (Check all applicable) (Check all applicable) (Check all applicable) (Check all applicable) (Check all applicable) (Check all applicable)			
(Last) 3200 NORTHLINE	(First) E AVENUE,	(Middle) SUITE 360	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003				Senior V. P Operations				
(Street) GREENSBORO, NC 27408			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line) _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-Deriv	vative Sec	curities	Acqui	red, Disposed of, or Beneficially	Owned		
1.Title of Security (Instr. 3)			Execution Date, if		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock		10/24/2003		G	100	А	\$0	101	D		
Common Stock								1,097	Ι	by Spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., puts, calls, warrants, options, convertible securities)

-	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expirati	on Date	Amou	int of	Derivative	of	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership
	Derivative				Securi	ties			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)
	Security				Acquir	red			4)			Owned at	Direct (D)	
					(A) or							End of	or Indirect	
					Dispos								(I)	
					of (D)								(Instr. 4)	
					(Instr.	· · ·						(Instr. 4)		
					4, and	5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Excicisable	Date		of				
					(A)	(D)				Shares				

Reporting Owners

		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
NEHMEN JOSEPH 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408			Senior V. P Operations					

Signatures

By: James F. Williams For: Joseph H. Nehmen	02/09/2004
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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 provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.