## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 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* DILLON KEVIN M			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) Other (specify below)					
(Last) (First) (Middle) 3200 NORTHLINE AVENUE, SUITE 360			3. Date of Earliest Transaction (Month/Day/Year) 02/12/2008								Sr. V	P Developm	ent and		
(Street)			4. If Amendment, Date 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 Person						
	SBORO, N											ou by more than	- One responding		
(City	r)	(State)	(Zip)	7	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
.Title of Security Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	(Instr. 8)		(A (I	4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	nt of Securities ally Owned Following Transaction(s) and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	VA	mount	(A) or (D)	Price				(I) (Instr. 4)	` ′
Commor	Stock		02/12/2008			A	3.	,000	A	\$ 0	7,253			D	
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially	owned	I	Person contair	s who ned in	respo this fo	rm are	not requ		spond unle	ss	1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II - I	Derivative Securi	ities A	cquire	Person contain the form	s who ned in m disp	respo this fo plays a f, or Ber	rm are curre eficial	not requesting noting valid	uired to res		ss	1474 (9-02)
1. Title of		3. Transaction Date (Month/Day/	Table II - I  a 3A. Deemed Execution Day	,	5. Num of Deri Secu Acqu	cquire nts, opti aber vative urities uired or osed o) r. 3,	Person contain the form	ns who	o respo this for plays a f, or Ber ible secu isable in Date	rm are current neficial rities) 7. Ti Amo Und Secu	not requesting noting valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners : (Instr. 4

		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
3	OILLON KEVIN M 200 NORTHLINE AVENUE, SUITE 360 REENSBORO, NC 27408			Sr. VP Development and			

### **Signatures**

By: James F. Williams For: Kevin M. Dillon	02/14/2008
**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).
- Represents grant of restricted shares approved by the Share and Unit Option Committee of the Company's Board of Directors on February 12, 2008 under the Company's
- (1) Amended and Restated Incentive Award Plan. The restricted shares vest and the restrictions cease to apply on twenty percent of the award on each February 28th over a five-year period beginning February 28, 2009.

Note: File three copies of this Form, one of which must be manually signed. If space 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.