FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

			•							5 D 1 .:	1. CD	D	/) . T	
1. Name and Address of Reporting Person * SUMMERELL VIRGINIA R			2. Issuer Name and Ticker or Trading Symbol TANGER FACTORY OUTLET CENTERS INC [SKT]					RS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner 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							V. P., Treasur	er			
(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 reporting	Cison	
(City	⁷)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	(Instr. 8)		(A) o (D)	(A) or Disposed of		Beneficial	nt of Securities Illy Owned Following Transaction(s) and 4)		Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Co	de	V Amor	(A) or (D)	r Price				(I) (Instr. 4)	
Commor	n Stock		02/12/2008		A		2,50	0 A	\$ 0	7,500			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficially ov	wned di	P	Persons w	ho respo			ction of inf			474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Securit	ies Acq	P c tl	Persons wontained the form d	ho respo in this fo isplays a	orm ar a curre neficia	e not requ ntly valid	uired to res	ormation spond unle trol numbe	ss	474 (9-02)
1. Title of		3. Transaction	Table II - I	Derivative Securities, puts, calls, was te, if Transaction Code (Instr. 8)	ies Acq arrants	Proceedings of the second seco	Persons wontained the form d	ho respoin this for isplays a of, or Be rtible sec	orm are eneficia urities) 7. T Am Uno Sec	e not requ ntly valid	OMB conf	spond unle	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturip of Indire Beneficis Ownersh (Instr. 4)

Ī		Relationships				
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
	SUMMERELL VIRGINIA R 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408			V. P., Treasurer		

Signatures

By: James F. Williams For: Virginia R. Summerell	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.