FORM 4

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

OMB APPROVAL
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|--|-------------|---|---|------------------------------------|------------|-------------|-------|--|---|-----------------------------------|---|--------------------------------------|---|--|--|----------------------|
| Name and Address of Reporting Person * Perry Chad | | | | 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) EVP,General Counsel,Secretary | | | | | | | |
| | (Last) (First) (Middle) 3200 NORTHLINE AVENUE, SUITE 360 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2015 | | | | | | | EVP,Gei | ierai Counse | el,Secret | ary | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| GREENSBORO, NC 27408 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acou | | | | | | nired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | | Exec any | A. Deemed Execution Date, if | | (Instr. 8) | | | | quired of (D) | 5. Amour Beneficia Reported | ant of Securities ally Owned Following d Transaction(s) | | 6. Owners Form: | ship of B | 7. Nature of Indirect Beneficial | |
| | | | | | (Mor | nth/Day/Yea | | Code | V | Amoun | (A) or (D) | Price | (Instr. 3 a | or I (I) (Ins | | Direct or India (I) (Instr. 4 | rect (I | wnership nstr. 4) |
| Common | Stock | | 02/2 | 8/2015 | | | | F | | 1,326 | 111 | \$ 35.4 | 61,674 | | | D | | |
| | | | | | | ative Secur | | | the f | form dis | splays a of, or Be | nefici | | OMB con | | | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transactic Date (Month/Day/ | Year) Exect | 3A. Deemed Execution Date, i | te, if | 4., if Transaction Code (Instr. 8) | | 5. Number a | | ons, convertible secur 5. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ar Ur Se | Title and nount of iderlying curities listr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Der Sec Dir or I | nership m of ivative urity: ect (D) ndirect tr. 4) | Beneficia |
| | | | | | Code | Code V | (A) | (D) | Date | e rcisable | Expiration Date | on Tit | or Number of Shares | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | |

| | Relationships | | | | | | |
|--|---------------|--------------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Perry Chad 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408 | | | EVP,General Counsel,Secretary | | | | |

Signatures

| /s/ James F. Williams, attorney-in-fact for Mr. Perry | 03/03/2015 | | |
|---|------------|--|--|
| **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 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.