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

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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

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1. Name and Address of Reporting Person *- GELDNER CARRIE A			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 10% Owner X Officer (give title below) Other (specify below) SVP, Chief Marketing Officer							
(Last) (First) (Middle) 3200 NORTHLINE AVENUE, SUITE 360			3. Date of Earliest Transaction (Month/Day/Year) 02/29/2016							SVP, C	nei Marketi	ng Omcer				
(Street) GREENSBORO, NC 27408			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							
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					es Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		Date		/Day/Year)	2A. Deemed Execution Dany	ate, if	(Instr. 8)		4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following	Ownership Form:	Beneficial
					(Month/Day	/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)	,		Ownership (Instr. 4)
Common	Stock		02/29/2	/2016			F		1,840	D	\$ 32.32	53,189			D	
Reminder: I	Report on a s	separate line fo	or each cl	lass of secur	ities benefici	ally ov	wned dire	Pers	ons wh	o resp			ction of inf			1474 (9-02)
Reminder: I	Report on a s	separate line fo		Table II - I	Derivative S	ecurit	ies Acqui	Pers cont the f	ons whatained in	o responding this for this for the splays and the splays and the splays and the splays are splays and the splays are spla	orm are a currei eneficial	not requesting noting valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of		3. Transaction Date (Month/Day/	n 3A Ex Year) an	Table II - I	Derivative S e.g., puts, ca 4. te, if Transa Code	ecuritialls, was	ies Acqui arrants, o	Personal the fored, Diptions 6. Do and (Moore)	ons whatained in	oresponding this for this for Betible securisable on Date	eneficial urities) 7. Ti Amo	not requesting noting valid	OMB conf	spond unle	of 10. Ownersl Form of Security Direct (l or Indire	11. Nat of Indir Benefic Owners (Instr. 4

Keporung Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GELDNER CARRIE A 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408			SVP, Chief Marketing Officer			

Signatures

/s/ James F. Williams, attorney-in-fact for Ms. Geldner	03/02/2016
**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.