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

	pe Response	s)																
1. Name and Address of Reporting Person * GELDNER CARRIE A				TA	2. Issuer Name and Ticker or Trading Symbol TANGER FACTORY OUTLET CENTERS INC [SKT]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 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) 02/21/2017									SVP, CI	iiei Marketi	ng Officer		
(Street) GREENSBORO, NC 27408				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	r)	(State)		(Zip)			Ta	ble I - N	on-De	erivative S	Securit	ies Acq	quir	ed, Dispo	sed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		A. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D)	f (D) Benefic Reporte		ount of Securities cially Owned Following ted Transaction(s) 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount	(A) or (D)	Price	e				(I) (Instr. 4)	(111811.4)
Common Stock 02/21		/2017				S		2,000	D	\$ 33.752 (1)	52	56,756			D			
		separate line			rities b	peneficially	y ow		ctly o		<u> </u>	(1)		,				
		separate line		class of secu	Deriv	ative Secu	riti	vned dire	Per cor the	r indirectlesons what ained in form dis	y no responded the second	pond to form a curi	are irent	not requ tly valid		ormation spond unle	ss	1474 (9-02)
Reminder:	Report on a :	3. Transacti	on on v/Year)	class of secu Table II - 3A. Deemed Execution De	Deriv ate, if	ative Secu outs, calls,	wan i	es Acqu	Per cor the fred, I and (M	r indirectlesons what ained in form dis	y	pond to form as a curi	are in trend cially care in the cially care in the cially care in the cially care in the cial care in the care in the cial care in the care in the cial care in the cial care in the cial care in the care in the care in the cial care in the care in the cial care	not requ tly valid	OMB conf	spond unle	of 10. Owners Form o y Derivat Security Direct (or Indir	11. Nation of Indirection of Seneric University.

Reporting Owners

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

Signatures

/s/ James F. Williams, attorney-in-fact for Ms. Geldner	02/22/2017
**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)
- (1) Represents the weighted average sales price of multiple transactions ranging from \$33.750 to \$33.762.

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.