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

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

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)																		
1. Name and Address of Reporting Person * MORRISON LISA J				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 Officer (give title below) Other (specify below) Senior VP Leasing								
(Last) (First) (Middle) 3200 NORTHLINE AVENUE, SUITE 360				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017									Se	enior VP Lea	asıng	5				
(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 PersonForm filed by More than One Reporting Person								
(City		(State)		(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1.Title of Security (Instr. 3)		Date		nsaction h/Day/Year)	Exec	Deemed cution Date,	e, if	(Instr. 8)		tion	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D	f (D) Benef Repor		Amount of Securities meficially Owned Following ported Transaction(s)		For	nership om:	7. Nature of Indirect Beneficial
					(Mon	th/Day/Ye	ear)	Co	de	V	Amoun	(A) or t (D)	Price	ì	Instr. 3 a	ind 4)	o (1			Ownership (Instr. 4)
Common Stock 02/28/2017			3/2017				F			1,483	D	\$ 34.6	6 4	43,437		D				
				Table II - I					quire	the fo	orm dis	splays a	nefici	ent ally	ly valid	OMB con	spond unle trol numbe			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	Year) Ex	3A. Deemed Execution Date,	te, if	4. Transaction Code		5.				cisable on Date Year)	sable 7. T Date Am- Und Section (Ins 4)		e and nt of lying ties 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	y n(s)	Ownersh Form of Derivating Security Direct (I or Indire	Benefici Ownersh (Instr. 4)
						Code	V	(A)	(D)	Date Exercis		Expiration Date	Title		Number of Shares					
Repor	ting O	wners																		

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MORRISON LISA J 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408			Senior VP Leasing					

Signatures

/s/ James F. Williams, attorney-in-fact for Ms. Morrison	03/01/2017		
**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).

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.