## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Type Responses)  1. Name and Address of Reporting Person * HENRY DAVID			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)  _X_ Director Officer (give title below) Other (specify below)					
	(Last) (First) (Middle) 200 NORTHLINE AVENUE, SUITE 360		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2018									· · ·		
(Street) GREENSBORO, NC 27408			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					
(City		(State)	(Zip)	Ta	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		D	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)				of	Beneficial	nt of Securities ally Owned Following Transaction(s)			Beneficial Ownership
					Code	V	Amoun	Amount (A) or (D) Price			or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock 02/16/2018		2/16/2018		A		7,520 A	\$ 0	16,807		D				
	Report on a s	separate line for e	ach class of securi	ities beneficially or	wned direc	Perso	ons wh	o respon	m are	not requ		spond unle	ss	1474 (9-02)
	Report on a s	separate line for e		ities beneficially or		Perso conta the fo	ons who ained in orm dis	o respon this for plays a c	m are	not requesting ntly valid	uired to res		ss	1474 (9-02)
Reminder:	•	3. Transaction Date (Month/Day/Ye.	Table II - I	Derivative Securite.g., puts, calls, was te, if Transaction Code (Instr. 8)	ies Acquir arrants, oj	Persoconta the for ed, Dispersors, 6. Data and E	ons who	o respond this for plays a coording of the securitisable on Date	rities) 7. Ti Amo Und Secu	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners : (Instr. 4

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HENRY DAVID 3200 NORTHLINE AVENUE, SUITE 360 GREENSBORO, NC 27408	X				

## **Signatures**

/s/ James F. Williams, attorney-in-fact for Mr. Henry.	02/20/2018
**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 a grant of restricted common shares under the Company's Amended and Restated Incentive Award Plan. The restricted common shares vest evenly over a three year period on December 31st of each year.

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.