## 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				TA	2. Issuer Name and Ticker or Trading Symbol TANGER FACTORY OUTLET CENTERS INC [SKT]						.S	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner X_ 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) 02/28/2018							Se	enior VP Lea	sing		
(Street)				4. If	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 Acqu						ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Exec any	Deemed cution Date,	(Instr. 8)		(A) or Disposed of (I		of (D)	Beneficia Reported	t of Securities ly Owned Following Fransaction(s)		Ownership Form:	Beneficia	
				(Mor	nth/Day/Yea		Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirec (I) (Instr. 4)	
Common Stock 02/28/2018						F		1,339		\$ 22.2	49,667			D		
			Table II -		ative Securi		Acquire	the fo	orm di	splays a of, or Ben	curre eficial	ntly valid	OMB con	spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da	ate, if	4. te, if Transaction Code Year) (Instr. 8)		5.		and Expiration Date (Month/Day/Year)  Date Expiration		7. T Amo Und Sect (Ins: 4)	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of Benefit Owner (Instr. (D) rect
					Code V	(A)		Exerc	cisable	Date	11110	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	03/01/2018
**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).

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.