FORM	4
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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).

(Print or Type Pespo

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

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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 Respons	ses)		1												
1. Name and Address SCHUMAN ALL	2. Issuer Name an TANGER FAC INC [SKT]			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below)									
5541 VINTAGE 0	3. Date of Earliest 7 01/11/2010	Transactior	n (Mc	onth/Day/	Year)										
DELRAY BEACI	4. If Amendment, I	Date Origin	al Fil	led(Month/I	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)	Tal	ble I - Non	-Deri	ivative Se	curities	s Acqu	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction4. Securities AcquireCode(A) or Disposed of(Instr. 8)(D)(Instr. 3, 4 and 5)		of	5. Amount of Securities 6. 7. Beneficially Owned Following Reported Transaction(s) Ownership Form: of Be Direct (D) (Instr. 3 and 4) Direct (D)								
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)				
Common Stock		01/11/2010		А		2,548 (1)	А	\$ 0	2,548	D					
Common Stock									12,000	D					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless SEC 1474 (9-02)

the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	:	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n]	Numł	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	•	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)]	Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				1	Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			0	Direct (D)	
						(A) 01							Reported	or Indirect	
						Dispc							Transaction(s)	< / <	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr	· · · ·								
					4, and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code V	V	(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SCHUMAN ALLAN L 5541 VINTAGE OAKS TERRACE DELRAY BEACH, FL 33484-6302	Х							

Signatures

01/13/2010 /s/ Thomas J. Guerrieri Jr., attorney-in-fact for Allan L. Schuman Date **Signature of Reporting Person

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 grant of restricted shares approved by the Company's Board of Directors on January 11, 2010 under the Company's Amended and Restated Incentive Award Plan. The restricted 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.