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

	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 X Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 3200 NORTHLINE AVENUE, SUITE 360			3. Date of Earliest Transaction (Month/Day/Year) 02/18/2020							Exe	cutive VP Le	asıng		
(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	<i>y</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially					Beneficially (Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acqu (A) or Disposed or (Instr. 3, 4 and 5) (A) or		of (D)	Beneficia	ant of Securities ially Owned Following d Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	Amount	` ′	Price				(Instr. 4)	
Common Stock 02/18		02/18/2020		F		4,391	11)	\$ 13.01	52,522		Г	D		
Reminder:	Report on a s	separate line fo	or each class of secu	rities beneficially o	wned direc	Pers	ons wh	o respo			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II -	Derivative Securit	ies Acquir	Pers cont the f	ons wh ained ir orm dis	no respo n this fo splays a of, or Be	orm are curre	not requesting ntly valid	ired to res	ormation spond unle rol numbe	ss	1474 (9-02)
1. Title of		3. Transactio	Table II - n 3A. Deemed Execution Day Year) any	Derivative Securit (e.g., puts, calls, was 4. Transaction Code Year) (Instr. 8)	ies Acquir arrants, oj 5.	Pers cont. the following the following for the f	ons wh ained ir orm dis	orespon this for splays a of, or Bertible secucisable on Date	neficial urities) 7. To Amo	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Natu of Indire Beneficie Ownersh (Instr. 4)

Keporung Owners

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

Signatures

/s/ James F. Williams, attorney-in-fact for Ms. Morrison	02/20/2020
**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.